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AUTHOR Zawisza, Kris
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ABSTRACT

This packet contains documents that provide information about the planning and implementation of a comprehensive plan to address homelessness in cities throughout the U.S. Information on the following components of a comprehensive strategy are included: (1) "Task Forces"; (2) "Assessment Studies"; (3) "Emergency Services"; (4) "Transitional Housing and Supportive Services"; "Permanent Housing"; and (6) "Prevention." In addition, examples of comprehensive plans that utilize these components are included. The following practical information and examples of successful programs are included: (1) "Homeless Task Force in Atlanta"; (2) "Milwaukee Task Force on Emergency Shelter and Relocation Services"; (3) "Sample Shelter Survey"; (4) "Seattle Recommendations for Employment Initiatives"; (5) "Los Angeles Shelter Ordinances"; (6) "Cincinnati Minimum Requirements for Emergency Shelters"; (7) "Portland Merchandise and Shelter Vendor Programs"; (8) "New York Shelter Employment Program"; (9) "Philadelphia Center City Project"; (10) "Los Angeles Alcohol-Free Living Center (McNay House)"; (11) "Boston Low-Income Housing Policies"; (12) "Seattle Homeless Family Strategy--Prevention Phase"; (13) "Minneapolis/St. Paul More Than Shelter Program"; and (14) "Washington, D.C. Service System for Homeless Families." A bibliography with 13 references is included. Four tables and one diagram are included. (Author/JS)

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Comprehensive Planning To Address Homelessness

City Initiatives

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HOMELESSNESS INFORMATION EXCHANGE
1830 CONNECTICUT AVENUE, N.W.
4TH FLOOR
WASHINGTON, D.C. 20009
202/462-7551

The Homelessness Information Exchange is a national nonprofit information service on homelessness, offering summaries of model programs, research, funding sources and technical advisors.

The Homelessness Information Exchange emphasizes the need to address homelessness within the context of community development by providing information on a continuum of solutions including emergency shelters, support services, transitional and permanent housing and preventive strategies.

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I. INTRODUCTION

Development of a comprehensive plan to address homelessness requires the concerted efforts of people with experience and expertise in homelessness and related issues. Information must be available on the reasons for homelessness, the needs of homeless people and the kinds of services or projects that can alleviate the underlying problems. Comprehensive plans should be designed to address both service needs and structural problems along a continuum consisting of emergency services, transitional housing, permanent housing, and prevention.

Important components of a comprehensive strategy include:

- 1) Task Forces; 2) Assessment Studies; 3) Emergency Services; 4) Transitional Housing and Supportive Services; 5) Permanent Housing; 6) Prevention.

The following presentation describes these elements and provides examples of implementation through model programs and policies in cities throughout the country.

II. TASK FORCES

Public/private task forces have been the focal point for action related to homelessness in a number of cities. In addition to city agencies, shelter providers, and advocacy groups, participants may include local housing authorities, universities, churches/other religious organizations, corporations, foundations, realtors, hospitals/health clinics, private industry councils, and homeless people. These groups have been formed to meet a variety of purposes, such as:

- assessing the needs of homeless people and the ability of existing services to meet those needs;
- coordinating services and prioritizing needs to promote effective service delivery and best use of available resources;
- developing comprehensive plans leading to long-term stabilization and self-sufficiency for homeless people;
- drawing expertise from all sectors of the community, including health, mental health, education, housing and community development professionals, charitable organizations, businesses, shelter providers and advocates;
- providing technical assistance to service providers;
- fostering good working relationships between sectors with diverse perspective and purposes;
- creating a forum for discussion of policy and program alternatives and new initiatives.

Examples

Atlanta (Enclosure #1)

The Homeless Task Force in Atlanta initiated the opening of a day shelter for homeless children in 1984, utilizing city, federal and private funds. They are now concentrating on preventive measures such as eviction protection and preservation of low-income housing. They recently raised private funds to hire a contractor to renovate public housing units for homeless families.

Milwaukee (Enclosure #2)

The Milwaukee Task Force on Emergency Shelter and Relocation Services has established a 24-hour emergency shelter hot line which operates as a central referral point for people requesting

II. Task Forces (continued)

shelter. The centralized intake system enables collection of demographic and other information on homeless people which can be used to plan services and to bring about a more complete understanding of homelessness. Other activities of the Task Force include operating a security deposit fund to assist homeless families to relocate to permanent housing and providing transitional housing to families in five HUD-foreclosed duplexes.

St. Louis

In St. Louis, a strong public/private partnership was the city's response to a right-to-shelter suit brought by advocates. The Homeless Services Network, composed of more than 50 groups throughout the city, has been recognized by the Ford Foundation for its comprehensive community-wide approach. In addition to a central referral system similar to Milwaukee's, the Network has initiated employment and housing counseling and placement programs, transportation services and outreach services. The city points out that the relationships formed through the Network have enabled them to resolve differences and have also saved the city money.

St. Paul

The Human Development Action Coalition, a public/private forum initiated in St. Paul, was established to develop long-term approaches to alleviating the root causes of homelessness and to negotiate the appropriate roles of various sectors of the community in carrying out their objectives. The Coalition has made 75 recommendations for emergency, transitional and long-term efforts to bring about stabilization for homeless people and prevent circumstances which lead to homelessness. Recommendations have been addressed to various levels of government, private for-profit groups and nonprofit and religious organizations. The Coalition will also develop a strategy for the implementation of their proposal, which will then be monitored and evaluated for its effectiveness.

The benefits of public/private cooperation and collaboration are immeasurable. The consolidation of resources and opportunity for dialogue created by task forces have provided focus and direction for cities' approaches to confronting homelessness.

III. ASSESSMENT STUDIES

Local assessment studies have been undertaken in many metropolitan areas to enable greater understanding of homelessness and provide a basis for planning services. Surveys are typically addressed to local shelters or other service agencies, advocacy groups, homeless people, religious organizations, hospitals/health clinics, and/or public officials. Examples of a general shelter survey form and an assessment of employment services are enclosed (Enc. 3 and 4). Assessments may reveal information on:

- number of homeless people;
- demographic characteristics of homeless people;
- causes of homelessness;
- needs of homeless people;
- available resources and services;
- gaps in services;
- needs of service providers;
- comparative costs of alternative services;
- barriers to providing services.

Local studies have shown that homelessness encompasses a diverse group of people, including single and two-parent families as well as single men and women, with a variety of problems and needs. The major causes of homelessness have been identified as a shortage of low-income housing, insufficient wages or public benefits, deinstitutionalization, unemployment, and personal crises. Since causes of homelessness, needed services and available resources vary for each subpopulation of homeless people, separate assessments and strategies should be designed to meet their respective needs. Assessments may be done as an aggregate study or independently for specific populations or programs.

Information gained from an assessment can also be instrumental in addressing community opposition to shelters or low-income housing, stereotypes of homeless people, and concerns about cost-efficiency of services. This type of public education about homelessness and the city's proposed responses is vital in gaining support for investment of public funds and other resources.

III. Assessment Studies (continued)

Example

Seattle Recommendations for Employment Initiatives (Enclosure #4)

Utilizing funds from the Job Training Partnership Act (JTPA) and the city's Department of Human Resources, the Seattle Employment Coalition conducted a study on the employment needs of Seattle's homeless, the extent to which these needs are being met, and the types of initiatives which are needed to improve employment services. The study concluded that:

- many homeless individuals are not potential candidates for employment transition and, thus, measures should be taken to ensure that adequate income support, emergency services, and low-income housing are available to these individuals;
- it is necessary to assess the employability of shelter clients and assist employable individuals in transitioning to employment;
- homeless people need information and referral services to gain access to employment programs funded through JTPA and Community Development Block Grants;
- expansion and increased funding of existing employment programs targeted to youth, women, and minorities is needed;
- individuals recovering from alcoholism need employment programs linked with case management, income support and transitional housing.

The study also identifies elements of successful employment programs. Those that are most effective incorporate client assessment and screening with a structured program designed to progressively move the client to full employment. These programs also offer comprehensive support services and are structured to meet individual needs. Participants of employment programs experience greatest success if they are committed to making a significant change in their lives.

IV. EMERGENCY SERVICES

The necessity of emergency services has compelled many cities to direct resources into the development of shelters and other services to support and expand upon initiatives of the private nonprofit sector. As part of a comprehensive plan, emergency assistance should be viewed as a temporary intervention, designed to address the symptoms of homelessness. Institutionalization of shelters can be avoided by planning for their reduction over time while providing long-term alternatives. Creation of new government departments or offices, other than coordinating mechanisms, is not recommended.

Important goals for a city's emergency service system are to provide for the immediate needs for shelter, food and medical care; ensure that assistance is available to all who need it; establish a decent standard of quality for services; maintain cost-effectiveness; and avoid the institutionalization of emergency programs. While funding is the most obvious contribution to be made by local government, other public activities undertaken to address the need for emergency services include:

- coordination of services in the public and private sectors, e.g., by establishing a central referral system or educating nonprofit providers on the availability and accessibility of government resources;
- making available unused city property or equipment;
- providing technical assistance to service providers;
- simplifying or revising zoning requirements for shelters to assist efforts to open shelters;
- establishing standard shelter requirements or guidelines for city-funded facilities;
- utilizing existing funding sources in innovative ways;
- leadership in encouraging private sector involvement, e.g., through education, public relations, or matching grants.

IV. Emergency Services (continued)

Examples

Vacant/Under-utilized City Properties

City properties are a potential resource for developing both emergency shelters and longer term housing. This is a particularly important resource as private real estate values continue to increase, forcing out low-income individuals and groups. Frequently such properties are leased to the sponsoring organization for a nominal fee so that the city retains the property for future use, if needs change in the community. Some examples of this include:

- The city of Boston has provided eight parcels of city-owned property, valued at about \$1.5 million, to private nonprofit groups for emergency shelters, transitional housing and lodging houses. This contribution enabled the sponsoring organizations to leverage an additional \$2.6 million from the private sector and state government;
- A rather unique adaptive re-use of city property involved the conversion of an old firehouse into a shelter in the city of Birmingham, Alabama. This project was administered by the Public Housing Authority, which is actively involved in the local task force on homelessness.

In some communities, shelters are housed with day care centers, Head Start, senior citizens activities or other programs. Combined resources from these distinct programs may then be sufficient to meet the lease or purchase price of a building. Placing complementary services within a single facility also allows for convenience in delivery and access of services.

Los Angeles Shelter Ordinances (Enclosure #5)

The City of Los Angeles has revised the city code to eliminate obstacles to shelter siting. Two special ordinances were created to:

- define shelter for the homeless and shelter providers;
- establish standards for shelter certification and operation;
- limit the size of a shelter to 30 beds and the length of stay to six months;
- allow shelters to be established by right in high-density residential and commercial zones;

IV. Emergency Services (continued)

- expedite permit process for shelters in medium-density residential and manufacturing zones by limiting the length of the city review period and reducing fees for application.

The Shelter Ordinances were developed through the cooperative efforts of several city departments and Shelter Partnership, a nonprofit technical assistance organization. They were designed to balance the concern for preserving the existing character of neighborhoods with the concern for preventing homeless shelters from being forced into industrial areas of the city.

Chicago Warming Centers

The City of Chicago, in cooperation with the Interfaith Council for the Homeless, has designated certain buildings throughout the city to be used as shelters whenever the temperature drops below 32 degrees. Most of these facilities, known as warming centers, are church properties which are not otherwise licensed as shelters. Suspending some of the shelter code requirements for these facilities has enabled the city to temporarily expand their capacity to provide emergency shelter on severely cold nights.

Cincinnati Shelter Requirements (Enclosure #6)

A committee of public agencies and private organizations in Cincinnati has developed a set of requirements for city-funded shelters which pertain to facility conditions, types of services to be provided and operating procedures. The intended purposes of the requirements are to provide the city with a tool for monitoring the shelters it funds and to support those which are safe, humane, and meet the needs of homeless people. Essential requirements include items such as nonprofit status, specified staff-to-client ratios, sound fiscal practices, written policies for intake, and fire safety plans. Requirements such as personnel policies, independent audit, referral services, staff trained in first aid, and maintenance standards are identified as desirable. Shelters must comply 100 percent with essential requirements and 70 percent with desirable requirements.

Portland LIHEAP Merchandise and Shelter Vendor Programs (Enclosure #7)

Portland is utilizing the Low-Income Home Energy Assistance Program (LIHEAP) to provide sleeping bags and winter jackets to homeless people on the streets. In addition to the obvious protection from the cold, the program has provided staff with the opportunity to inform homeless people about other available services. As a preventive measure, Portland has instituted a Shelter Vendor Program, through which low-income tenants receive LIHEAP assistance for heating costs. Since utilities are usually

IV. Emergency Services (continued)

included as part of the rent payment, the average amount of monthly rent attributed to energy costs is determined and paid directly to landlords. This results in a rent reduction during four consecutive winter months for tenants vulnerable to homelessness.

Legal Issues in Providing Emergency Services

Several cities and states are being legally challenged to provide emergency shelter and services to homeless people. Some cities have been pressured to negotiate with advocacy groups or take initiative on this issue. For example, New York City settled a suit by instituting a policy of providing shelter to all who seek it, and in Philadelphia the city took the lead to enact an ordinance requiring them to provide emergency services to homeless individuals. Whether or not a right to shelter is legally established, government entities remain vulnerable to litigation if they are perceived to be unresponsive to the needs of homeless people in their jurisdictions. Potential conflicts can be mitigated by:

- ensuring that rights of homeless people are upheld under existing laws pertaining to general welfare, social security, public education, etc.;
- removing barriers to receiving public assistance such as extensive identification and address requirements;
- establishing priority for homeless people to receive existing forms of public assistance and other available resources;
- strengthening ties with advocacy organizations and service providers through cooperative endeavors and shared responsibility for providing services to homeless people;
- enacting policies which increase access to services and address structural problems which contribute to homelessness.

V. TRANSITIONAL HOUSING AND SUPPORTIVE SERVICES

The primary goal of transitional housing is to provide services which enable homeless people to progress to self-sufficiency or an appropriate and stable living environment. The main difference between emergency and transitional programs is the number and intensity of support services offered, such as personal counseling, employment training, housing counseling, child care, education, substance abuse recovery, and mental health care. Transitional programs typically provide a greater degree of privacy to clients, expect some level of client participation in achieving mutually agreed upon goals, provide temporary housing from three months up to two years, and may charge rent.

Programs must be tailored to meet the needs of the particular group of people served: e.g., single women and their children, two-parent families, chronically mentally ill persons, veterans, substance abusers, etc. Separate programs may be required to respond to the unique needs of each subpopulation of homeless people in the community. The type of assistance needed to effect transition into permanent housing also varies from one individual to another. In some cases transition may be achieved by providing one month's rent and security deposit, whereas others may require intensive counseling, job training and follow-up services.

Case management provides a mechanism for coordinating a variety of fragmented services to meet the needs of an individual. Usually this responsibility is given to one person, designated as the case manager. Elements of case management include client identification and outreach, strengths and needs assessment, development of a plan for services, linkage with needed services, evaluation of the client's progress, and advocacy for necessary changes to the service delivery system.

Examples

New York City Shelter Employment Program (Enclosure #8)

New York City has converted two men's shelters into employment shelters at which residents are assisted in finding jobs. Those with skills or employment experience are matched with potential occupations and employers. Substance abuse counseling and treatment are also provided if needed. Day lab : is available for participants who are unskilled or unlikely to maintain long term employment. The most common types of placements are in construction, messenger and general labor jobs. All residents of the shelters are required to participate in the program and are expected to move on to permanent or transitional housing within six weeks following employment.

V. Transitional Housing (continued)

Philadelphia Center City Project for Chronically Mentally Ill (Enclosure #9)

The city of Philadelphia's Office of Mental Health and Mental Retardation has established a comprehensive service-delivery system to meet the needs of homeless mentally ill persons. Through a network of 21 service sites, the Center City Project provides crisis intervention, outreach, day and residential programs, in-patient services and centralized case management. The project enables homeless mentally ill persons to achieve a stable lifestyle by providing appropriate and individualized services to meet the complex needs of this population.

San Diego Shelter School

To address the educational needs of homeless children, the city of San Diego sponsored the development of a school at a local family shelter operated by St. Vincent de Paul. The city provided teachers and materials for half days of classroom instruction for grades K-9 in a facility operated by St. Vincent de Paul. In July of this year, the county assumed responsibility for the school and is expanding the program to six hours of instruction for grades K-12. St. Vincent de Paul supplements the program with volunteer tutors and curriculum assistance from education experts.

Los Angeles Alcohol-Free Living Centers (Enclosure #10)

The Los Angeles County Office of Alcohol Programs has established four Alcohol-Free Living Centers (AFLC) for homeless people with alcohol-related problems. The AFLC is a relatively new approach to assisting homeless alcoholics towards recovery in which residents are responsible for their own recovery and are required to remain alcohol- and drug-free. No counseling or direct supervision is provided from the center, though the environment is structured and supportive. Residents pay rent ranging from \$85 to \$200 per month. The AFLCs are expected to eventually be self-supporting through resident rents and supplemental fundraising.

Boston Housing Counseling Services

The city of Boston provides funds to six neighborhood nonprofit organizations to provide housing counseling services to homeless people. These groups work with local shelters, Community Development Corporations, anti-poverty agencies, the Boston Housing Authority, and local landlords to help low-income people find housing in a very tight market. Their negotiations with landlords are a crucial link to permanency for people who are frequently turned away for lack of credit or other references.

V. Transitional Housing (continued)

To assist some tenants in money management, they are offered the option of having rent withdrawn from their monthly income support check and paid directly to the landlord.

VI. PERMANENT HOUSING

One of the greatest obstacles to the success of transitional programs is the lack of affordable housing into which homeless people can move. Permanent solutions to homelessness must incorporate policies and activities which promote the development of low- and moderate-income housing. In addition, appropriate housing alternatives must be available for individuals who have special needs. Single-room-occupancy units are a viable option for many low-income single, disabled and/or elderly persons. Shared housing, group homes, and residential care centers are alternatives for those who require a more supportive environment.

The growing need for affordable housing has taxed city resources and challenged the ingenuity of public officials and housing providers. While city initiatives may not be an adequate substitute for federal funding, a number of innovative and successful measures have resulted from attempts to address this situation.

Examples

Boston Low-Income Housing Policies (Enclosure #11)

The city of Boston has identified expansion and protection of the existing supply of affordable housing as a priority and has implemented several model policies to promote these activities. Some examples follow.

Linkage Policy/Funding Strategy

- Developers of commercial projects exceeding 100,000 square feet contribute \$6.00 per square foot to a Neighborhood Housing Trust fund to be used to construct or rehabilitate housing for low- and moderate-income residents. Payments are made over a seven-year period, beginning at the time of issuance of a building permit. One of the six dollars from each contribution is designated for job training programs. Properties developed since the implementation of this policy have generated commitments of nearly \$40 million for the Housing Trust Fund. The policy has withstood legal challenges up to the State Supreme Court level.

VI. Permanent Housing (continued)

Inclusionary Zoning

- Developers of private residential projects are granted zoning abeyances in return for reserving 10% of the project's units for low- and moderate-income residents. This policy applies to developments with ten or more units in the downtown area and those of 25 or more outside the downtown area. Incentive to developers for participating in this public/private effort is provided by the increased property values resulting from zoning relief. The policy ensures that those who profit from rising real estate values share in the preservation and expansion of the supply of affordable housing.

Abandoned Property

- Vacant and abandoned properties are a significant resource for housing projects if a system is designed to identify these properties and evaluate their potential for city acquisition. Boston conducted an inventory of vacant buildings in the city to determine their number, location, ownership and tax status. Properties owned by the city were sold to low- and moderate-income individuals and nonprofit housing groups. The next action taken was to foreclose on tax-delinquent properties and also make these buildings available for housing for lower income individuals. Owners of vacant properties which were not tax-delinquent were then urged to sell their property or take advantage of low-interest loans and rent subsidies to make buildings habitable.

Nonprofit Housing Corporations

- Rapidly rising real estate values, reductions in federal housing programs and tax law changes have left little incentive for profit-oriented developers to provide housing that is affordable to lower income people. This has provided both an opportunity and a necessity for increased involvement of nonprofit housing groups, primarily Community Development Corporations (CDCs), in the production of low-income housing. As part of a partnership that combines the resources and expertise of city and state governments, local businesses and lending institutions, CDCs in Boston have rehabilitated apartments for more than 500 low- and moderate-income families. Experience in purchasing buildings, hiring contractors, supervising renovations and selecting tenants for these projects has equipped the CDCs with the capacity to be a major factor in the production of affordable housing.

VI. Permanent Housing (continued)

Seattle Transfer of Development Rights

- Preservation of downtown low-income housing in Seattle is promoted through a program which allows transfer of development rights from housing to commercial or other projects. In this program, development rights for a low-income housing property may be purchased and utilized at another site. Proceeds from the purchase may then be used to rehabilitate or upgrade the housing facility. This ensures that the low-income housing property retains its designated use, while allowing commercial developers to pursue their interests elsewhere.

Portland Single-Room-Occupancy Retention Program

- Through joint efforts of the City's Development Commission, the Housing Authority, and several nonprofit organizations, Portland has rehabilitated 307 single-room-occupancy units (SROs) in five hotels, utilizing funds from the Section 8 Moderate Rehabilitation Program, low-interest loans, and tax abatement initiatives.

Portland's congressman assisted in obtaining statutory and regulatory changes to the program which allowed use of Section 8 funds for SRO rehabilitation. Section 8 subsidies enable low-income tenants, mostly unemployed single men, to afford the average monthly rent of \$200. Buildings are managed by private owners, and support services are provided by Central City Concern, a nonprofit social service agency.

Proposed Housing Trust Fund in the District of Columbia

- The District of Columbia is considering a proposal to establish a housing trust fund to provide capital for housing that is affordable to low- and moderate-income persons. The trust fund would receive funding through three mechanisms: contributions from new financial institutions and bank mergers, which are currently required for community development purposes; developer fee option in lieu of production of housing units; and interest on real estate escrow accounts. Loans would be available for new construction and rehabilitation, site acquisition, and predevelopment costs for nonprofits. Grants would be awarded for innovative and model projects. The fund was first suggested in a study on affordable housing undertaken by the D.C. Housing Production Commission.

VII. PREVENTION

Prevention can be viewed as methods to address individual crises or chronic situations which lead to homelessness, or as strategies for alleviating structural problems, such as the loss of low-income housing and job opportunities. The first of these requires interventions which focus on providing social services while the latter requires housing and economic development initiatives. Case management services which focus on identifying problem situations and responding to emergency needs can be targeted to families in overcrowded dwellings, those living on marginal incomes, residents of residential or institutional care programs, homeless people who have recently located permanent housing and others who may be vulnerable to becoming homeless. Prevention of homelessness for deinstitutionalized individuals requires a coordinated system of release and follow-up, accompanied with appropriate community-based mental health services.

The examples provided in the section on permanent housing are also a part of an effective prevention strategy since the increasing availability of affordable and appropriate housing will lead to fewer evictions and displacements. Job creation strategies and measures to address inadequate wage levels are vitally important to preventing further increases in homelessness. The complex issues involved in economic development, however, are beyond the scope of this presentation.

Examples

Seattle Homeless Family Strategy--Prevention Phase (Enclosure #12)

The "Homeless Family Strategy" developed by the City of Seattle identifies housing, support services, and employment strategies to prevent homelessness. To expand housing opportunities, initiatives such as targeted use of Section 8 certificates, providing housing counseling services, securing funding for the State Housing Trust Fund, and using zoning mechanisms to encourage low-income housing development are recommended. Before- and after-school programs for low-income children, expanded school tutoring programs, and outreach to at-risk families to link them to health and mental health services are examples of preventive support services. Strategies related to employment and income support focus on targeting low-income areas for economic development, training and employing low-income/homeless people in city jobs, expanding successful training programs such as Project Self-Sufficiency, and working with the state on welfare reform.

VII. Prevention (continued)

Rent/Mortgage/Utility Assistance

Ideally these programs are designed to provide assistance to individuals facing a temporary financial crisis which can be stabilized by a single payment or to maintain the individual in his/her residence until a rent subsidy or alternative housing can be obtained. Many cities and private nonprofit organizations operate such programs with funding from a variety of both public and private sources. The most recent innovation in this area is the establishment of revolving loan funds in which the recipient eventually repays the loan so that the funds may be utilized to assist another individual or family.

In Prince George's County, Maryland, a public/private rent assistance fund has been established to prevent homelessness for families and elderly persons. Churches, local businesses and the county government have contributed more than \$30,000 each to initiate the program. The Apartment and Office Builders Association raised its contribution from the business sector by requesting \$1 per apartment from each of its members. The County allocated funds from the Community Development Block Grant Program. The program is administered by a local nonprofit organization.

Public Assistance

There are several adjustments which can be made to both general assistance and Aid to Families with Dependent Children (AFDC) as part of a prevention strategy. The most obvious are to increase the amounts of these benefits and ease the eligibility criteria. Other options include extending Medicare benefits to individuals who lose eligibility when employment is obtained, allowing continued benefits to parents when children are temporarily removed from the home, expanding emergency assistance programs, and providing respite care to families living in overcrowded or unstable environments. Though many of these adjustments must be initiated at federal or state levels, local governments and community groups have advocated successfully for these types of changes.

"Housing Alert" is a new homelessness prevention program established by the New York City Human Resources Administration. The program targets recipients of AFDC who may be at risk of losing their housing due to insufficient income or factors such as overcrowding and domestic disputes. Families are identified by two main indicators: frequency of moves, and periodic loss of

VII. Prevention (continued)

public assistance. An interview is then conducted with the family to determine whether housing displacement is a potential problem. If so, a case worker is assigned to the family to facilitate the receipt of other AFDC entitlements which can alleviate the existing problem.

For example, respite care funds are available for activities such as weekend camps, babysitting services, and food allowances to provide temporary relief of overcrowded or tense household situations. The staff includes housing specialists who work with local church groups and landlords to locate housing alternatives for families in the program. Housing Alert is also investigating the possibility of shared housing for families.

Anti-displacement Strategies

Cities may also undertake activities which support mixed-income communities and prevent low-income individuals from being forced out of communities which are undergoing gentrification. Examples of these include:

- rent control policies which support interests of both tenants and landlords;
- home ownership opportunities for low-income persons, such as cooperatives, homesteading, foreclosed properties;
- rent subsidy programs;
- restricting destruction and conversion of certain types of housing such as single-room-occupancy units;
- eviction protection laws.

VIII. EXAMPLES OF COMPREHENSIVE PLANS

The preceding examples describe isolated elements of programs from numerous cities. This section will provide details of an overall plan for addressing homelessness in Pittsburgh, a strategy to move beyond emergency shelter for homeless single adults in Minneapolis and St. Paul, and a proposed service system for homeless families in Washington, D.C.

Pittsburgh's Comprehensive Plan to Address Homelessness

The city of Pittsburgh, through its public/private task force, has developed a comprehensive plan consisting of several of the elements mentioned above. Descriptions of some of their proposals follow.

Emergency Shelter

Emergency shelter is designed to treat only the symptoms of homelessness and provide for immediate needs. It is not seen as a solution and institutionalization of these facilities is guarded against. The plan specifies a 15% reduction in emergency shelter beds over the first two years of implementation, with the intent of establishing appropriate bridge (transitional) housing as an alternative.

Plans to support and improve emergency shelters include training for shelter providers on the availability of existing health, welfare and social service programs; placement of VISTA volunteers in shelters to recruit, train and coordinate volunteer staff; creating accessibility to shelters for handicapped persons; standardizing the referral and placement system; establishing special funds for emergency shelter operations and repairs; assessing the adequacy and appropriateness of existing facilities to meet the needs of the diverse groups of people served (especially families, runaway youth, and mentally ill persons).

Bridge Housing

Bridge housing is designed to enable some homeless people to return to a more independent and self-sufficient lifestyle. Bridge facilities provide lodging for up to one year with intensive counseling, training and other supportive services. Residents are responsible for paying rent and performing some household tasks. The plan calls for development of a minimum of 100 units of bridge housing over a two-year period, while reducing emergency beds by about the same number. This goal will be accomplished in part by converting emergency shelters to bridge housing through the addition of support services and more structured programming.

VIII. Comprehensive Plans (continued)

Quality and quantity of supportive services are stressed as the most significant aspect of the bridge programs. Services include personal and career counseling, child care, GED classes and other educational programs, job training and placement, medical care and mental health services. Aspects of case management include identification of individual problems, establishing personal goals and objectives and developing a plan of action.

Supportive Housing Programs

Special housing opportunities will be provided for people suffering from chronic mental illness or retardation, severe alcoholism, extreme health problems or other disabilities which prevent them from achieving self-sufficiency. These individuals will be assisted in securing shared housing in the form of community-based residential facilities, personal care boarding homes, single room occupancy facilities, shared apartments and group homes.

Preventive Programs

Rent/mortgage and utility assistance programs have been underway since 1983 and current emphasis is placed on strengthening these existing programs. Plans are focused on obtaining increased funding from both public and private sectors and providing assistance to those who are most vulnerable to displacement.

Recommendations have been made concerning the need for revisions to state legislation to expand public assistance benefits, improve community residential rehabilitation programs, and expand drug and alcohol abuse programs. The plan also recommends legislation for home equity conversion, weatherization assistance, property tax relief, and funds for low-income housing.

Implementation of the plan requires the voluntary participation and cooperation of 42 agencies and organizations in the community and the tasks and responsibilities of each group are clearly defined.

Minneapolis/St. Paul More Than Shelter Program (Enclosure #13)

In 1985, the cities of Minneapolis and St. Paul and their respective counties developed a joint plan to meet the needs of homeless single adults, which focus on increasing the supply of decent affordable housing. The plan calls for the creation or restoration of housing for 880 persons over a two-year period, including 290 SRO units. The More Than Shelter program is

VIII. Comprehensive Planning (continued)

financed through a combination of funding from the four government entities and private foundations, corporations and religious organizations. The program is coordinated by an interagency committee and is separately incorporated as a nonprofit entity.

In the first year of operation, \$4 million was contributed by the private sector and about \$1.4 million was allocated from public funds. The program provided funding for 620 units of housing, including:

- 114 new SRO units and efficiencies;
- 134 existing SRO units rehabilitated;
- 120 units of transitional housing made available;
- 252 boarding and lodging units upgraded.

Proposed Comprehensive Service System for Homeless Families in Washington, D.C. (Enclosure #14)

City officials and service providers worked together to develop a model service system for homeless families which emphasizes the need for preventive interventions and transitional services such as housing counseling, mental health counseling, case management, and alcohol and drug rehabilitation programs. Rent assistance, landlord-tenant mediation, crisis intervention services and community education on alternative options to shelter are measures proposed to prevent homelessness.

Once a family is in the shelter system, the plan recommends a two-stage intake process to first address immediate needs and later assess psychosocial and medical needs which are barriers to self-sufficiency. Assessments will then be used to place families in one of three transitional housing programs, designed for chronically dependent, potentially independent and independent families. The types of services provided will vary depending upon the program design. For example, independent families require very little supervision and may only need short-term housing while locating permanent housing whereas chronically dependent families need supportive services for extended periods of time.

Permanent housing through home ownership or rental is the ultimate goal for homeless families. The plan recommends expanding existing home ownership opportunities, increasing the supply of affordable rental housing and increasing funding for rental subsidy programs. Emphasis is also given to the importance of providing follow-up services, keeping thorough records on families served, and giving special attention to the needs of homeless children.

BIBLIOGRAPHY

Action Housing, Inc. and the Advisory Committee on Housing for the Homeless, "Addressing the Problem of Homelessness in Pittsburgh and Allegheny County: A Comprehensive Plan," June 1985.

City of Boston, "Breaking Ground: A Report on Boston Housing Policy and Performance," April 1987.

City of Cincinnati, Human Services Division, "Minimum Requirements for Emergency Shelters," June 1986.

City of Minneapolis, City of Saint Paul, Hennepin County, and Ramsey County, "More Than Shelter: Joint Plan to Meet the Housing Needs of Low Income, Childless, Non-Elderly Persons: A Response to the Problems of Homelessness," September 1985.

CONSERVE, "Comprehensive Service System for Homeless Families," Washington, D.C., 1986.

Emergency Food and Shelter National Board Program, "Caring for the Hungry and Homeless: Exemplary Programs," June 1985.

National Institute on Alcohol Abuse and Alcoholism, "Alcohol-Free Living Environments for Homeless Individuals," October 1986.

New York State Department of Social Services, "Homelessness in New York State: A Report to the Governor and the Legislature," October 1984.

Seattle Department of Community Development and Human Services Strategic Planning Office, "Homeless Family Strategy," August 1987.

Seattle-King County Private Industry Council, City of Seattle Department of Human Resources and Employment Initiatives Steering Committee, "Employment Initiatives for the Homeless," September 1986.

Shelter Partnership, "City of Los Angeles Shelter Ordinances: Interpretive Memorandum," February 1987.

U.S. Conference of Mayors, "Local Responses to the Needs of Homeless Mentally Ill Persons," May 1987.

Welfare Management Institute, "State and Local Perspectives," Exchange, Vol. 5, No. 1.

ENCLOSURE #1

THE HOMELESS TASK FORCE, ATLANTA, GEORGIA

The Children's Shelter: Day Shelter for Children of Homeless Families

Families who stay in night shelters are usually required to leave those shelters early in the morning; therefore there is a great need for a safe, warm, caring place for the children to stay during the daytime. In January of 1984, the Homeless Task Force in Atlanta (a coalition of representatives from the public, private

and non-profit communities who are concerned about the needs of homeless people) initiated the opening of a day shelter for children of homeless families.

The Children's Shelter is currently located in the Fellowship Hall of the Immaculate Conception church in downtown Atlanta. It is open Monday through Friday, 8:30 a.m. to 5:30 p.m. Breakfast and lunch are provided as are supplies such as disposable diapers and extra clothes. A simple but nutritious breakfast is prepared on-site and hot lunches are purchased at the cost of \$1 per meal from a day care center located at a nearby Presbyterian Church.

The Children's Shelter has two full-time staff people to provide structure and care for the children. It is important to recognize that the Children's Shelter is a shelter, and does not pretend to offer the same array of services as a regular day care center. During 1984, whenever possible, the staff of the Children's concentrated on providing art and educational activities. Arrangements were made to use a nearby playground for two hours every day.

Initial funding for the Shelter came from a \$15,000 grant from the City of Atlanta, a National Board grant to help with utilities and food, and donations from private individuals and groups. During the spring of 1985, the Children's Shelter received an additional \$15,000 grant from the Junior League to permit operations to continue for another six months. The Homeless Task Force hopes to secure more permanent sources of funding to allow the shelter to remain open all year. The annual operating cost is estimated to total approximately \$30,000; \$22,000 in staff salaries, \$3,600 in utilities, and \$1,600 for food.

During 1984-85, the Children's Shelter averaged 10-12 children per day. The only qualification for staying at the shelter is that the child's family must be homeless and the child must be less than 16 years old. Although the children have ranged in age from seven days to fifteen years, most are pre-school youngsters.

Based upon the experience of 1984 and the first part of 1985, the Homeless Task Force is more convinced than ever of the need for a year round day shelter for children of homeless families. Over the next five to ten years, the Homeless Task Force anticipates that there will be more families on the street, thereby increasing the need to provide a safe and caring shelter for the children of homeless families during the day.

Organization Summary: The Homeless Task Force was formed in 1981, initially as a forum to communicate about the many and varied issues surrounding the homeless. Some of the founders were church people previously involved with starting shelters. They realized that they had to create a dialogue among themselves and the downtown business community, the local government, and other political forces in order to best pursue their goals. The business community had the revival of the downtown area ; a central goal, and so was threatened by the negative visibility evident in a large homeless population. Representatives from the city, county, religious organizations, civic groups, convention bureau, and business associations were asked to serve on the Task Force. Representatives ideally had to have a day-to-day working knowledge of the homeless issue.

The Task Force raises the issue of homelessness and facilitates the cooperation not only among the larger political players, but also among shelters, food distributors, and volunteers. It also assists with training programs. The Homeless Task Force has received a great deal of attention as the issue of homelessness has grown more visible. Some want an institutionalization of its mandate while others are reluctant to change a formula that seems to be working. The Homeless Task Force in Atlanta continues to evolve.

The Children's Shelter

c/o The Homeless Task Force

970 Jefferson St., NW

Atlanta, GA 30318

404 622-2235 (Elizabeth Eve); 404 892-9822 (Bill Bowling, Chair of Task Force)

Elizabeth Eve, Staff Associate

ENCLOSURE #2

TASK FORCE ON EMERGENCY SHELTER AND RELOCATION SERVICES, MILWAUKEE, WISCONSIN

Interagency Task Force Coordinates Emergency Shelter Activities Including: Integrated Referral System, Emergency Shelter Voucher Fund, and Security Deposit Guarantee Fund

The Task Force on Emergency Shelter and Relocation Services is a 55 member interagency coalition serving as the primary coordinating and advocacy body for homeless issues in Milwaukee County, Wisconsin. Its members come from both the public and private non-profit sectors, and share a wide range of expertise in social services, housing, and mental health.

The Task Force was formed in the fall of 1979 as agencies such as United Way, Red Cross, Salvation Army, St. Vincent de Paul, Community Advocates, and the Social Development Commission began to experience an influx of homeless people who lacked the attendant resources to meet their needs.

During its first five years, the Task Force achieved a number of goals including increasing the number of emergency shelter beds from 200 to 600 county-wide, developing an integrated information and referral data collection system, creating an Emergency Shelter Voucher Fund, devising a Security Deposit Guarantee Fund, using the media to broadcast the problems of homelessness, and providing expertise to governmental and private philanthropic organizations regarding relevant problems and programs.

Milwaukee's shelters cooperate in a coordinated referral process through the Emergency Shelter Hot Line administered by Wisconsin Information Service (WIS), part of the Social Development Commission, a CAP agency. This 24-hour, seven-day-a-week referral system maintains a running tally on available shelter bed spaces, receives shelter need calls from both clients and social service agencies, and links the individual needing shelter to the appropriate resource.

An information and referral system was one of the first initiatives put into place by the Task Force, which wanted to maximize the utilization of bed space while collecting hard data on those who occupied the shelters. WIS calls the shelters each day and takes the information about the people quartered the previous evening. Demographic data, such as age, sex, and income status is assembled along with other information such as how long the individual had been in the county and whether there was evidence of alcohol/drug abuse or mental illness. Every year these statistics are tabulated to produce an annual report and profile on the shelter population. The Milwaukee County Department of Social Services provides funding for WIS, which had a 1984 budget of \$40,000.

When first established, the Emergency Shelter Voucher Fund was funded with private corporation donations. As National Board funds became available, these grants were used to support a voucher system whereby homeless people could be placed in downtown motels when bedspace was not available at any of the shelters. If, for instance, a family showed up at a police

station or hospital, they would be referred to the WIS phone number. The WIS staff would administer an over-the-phone intake interview and refer the family to a hotel. The WIS person would then call the hotel and authorize a one-night stay. The next day the family would have to stop by a shelter office for follow-up and more in-depth consultation. The hotel is reimbursed by the Task Force, which administers the voucher program that is funded for \$15,000 in three installments, and maintains a separate account for its disposal.

National Board funds also support the shelters ongoing bed purchase program. That is, when a cycle of funds is available all the shelters get together and review each other's budgets and financial situations and come to an agreement on who should get what. The package is presented to the local Emergency Food and Shelter board for its approval. Once approved, the Red Cross in the city administers the allocation of the grant. Shelters bill the program on a per diem rate up to a cap of dollars allocated for each shelter.

The Security Deposit Guarantee Fund is supported by a \$5,000 grant from a private foundation. The fund is meant to assist families in shelters to relocate to permanent housing. Many families do not have the money to pay both rent and a security deposit. The Task Force works out arrangements with cooperating landlords to ensure up to a month's rent for a six month period to cover vacancy without proper notice or damage to the unit that would otherwise be taken care of by a security deposit. During this period, the tenant deposits one-sixth of his rent with the landlord until the landlord receives the entire security deposit. In the meantime, the Task Force guarantees the payment of the deposit, should the tenant be unable to meet his obligation. Many landlords do not participate because they want the cash and the discretion to utilize it during the stay of the apartment dweller. However, some landlords do cooperate and families are able to move into more permanent surroundings, while freeing up beds at the shelter. Approximately 50 families are helped each year through this program.

In 1983, the Secretary of Housing and Urban Development urged the utilization of HUD foreclosed buildings for shelters. In early 1985, five duplexes in Milwaukee were foreclosed and leased to the Task Force for \$1.00 per year. In conjunction with these foreclosures, the Task Force received city Community Development Block Grant (CDBG) dollars to pay staff and utility expenses for a transitional housing program. The HUD buildings and the CDBG grant will be used by the Task Force to house families for 30 to 60 days in the 10 available apartments. It is hoped that these accommodations will buy time to stabilize a family's financial situation as more permanent solutions are sought.

Organization Summary: The Interagency Task Force on Emergency Shelter and Relocation Services covers the service area of Milwaukee County, Wisconsin. Staff to the Task Force is provided by Community Advocates, a low income advocacy agency serving consumers and citizens in problem resolution. The 1984-85 budget for Consumer Advocates was \$300,000. Approximately 40 percent of this budget came from the United Way, 40 percent from various county enti-

ties (some of whom channel state and federal funds), 10 percent from the state and 10 percent from private contributions.

Task Force on Emergency
Shelter and Relocation Service
3517 West Burleigh
Milwaukee, WI 53210
414 873-1521
Joseph L. Volk, Chairperson

Excerpt from Emergency Food and Shelter National Board Program,
"Caring for the Hungry and Homeless: Exemplary Program, June 1985.

SURVEY OF PROVIDERS OF SHELTER TO THE HOMELESS

Directions: Please respond to each of the following questions. If exact figures are unavailable, please approximate. Completed surveys should be returned (in the pre-addressed envelope) to:

If your agency does not provide shelter to the homeless, or you cannot answer the survey for some other reason, please fill out the accompanying postcard and return it.

Questions regarding the survey, or requests for clarification or assistance in its completion, should be directed to

For this survey, "the homeless" refers to anyone who is temporarily or permanently without shelter.

If your agency is part of a larger organization, or you have component agencies, please check with them to avoid a duplicate count of the agency's beds.

Name of Agency:

Address:

County:

Zip Code:

Telephone:

Person Completing Survey:

Title:

Date Completed:

L UTILIZATION

1. A. Does your program operate year-round? Yes ___ No ___

If "No", when does it operate? _____

B. Hours of operation: Day _____ Evening _____ Overnight _____

2. In the squares below, please indicate those services which your program provides to each of the specified types of clients:

	Meals	Bed	Info/Ref	Supportive Services
Single Men				
Single Women				
Unaccompanied Minors				
Women With Children				
Two-Parent Families				

3. What percentages of your referrals of homeless persons come from each of the following sources?

local Department of Social Services	_____ %
police	_____ %
other local governmental agencies	_____ %
state agencies	_____ %
private voluntary agencies	_____ %
self-referral (walk-ins)	_____ %
other (what? _____)	_____ %

4. Do you provide shelter directly to homeless family groups? Yes ___ No ___

If "Yes":

- A. What is the listed family group capacity? _____
- B. What is the largest number of families you sheltered at one time in the past year? _____

- C. What is the smallest number of families you sheltered at one time in the past year? _____
- D. What is the average number of families you sheltered at one time in the past year? _____

5. Do you provide shelter directly to homeless individuals? Yes ____ No ____

If "Yes":

- A. What is the listed individuals capacity? _____
- B. What is the largest number of individuals you sheltered at one time in the past year? _____
- C. What is the smallest number of individuals you sheltered at one time in the past year? _____
- D. What is the average number of individuals you sheltered at one time in the past year? _____

6. Do you purchase or arrange for shelter for family groups? Yes ____ No ____

If "Yes":

- A. What is the maximum number of such spaces available at one time? _____
- B. What is the largest number of families for whom you purchased such lodging at any one time in the past year? _____
- C. What is the smallest number of families for whom you purchased such lodging at any one time in the past year? _____
- D. What is the average number of families for whom you purchased such lodging at any one time in the past year? _____
- E. From whom is such lodging obtained? _____

7. Do you purchase or arrange for shelter for individuals? Yes ____ No ____

If "Yes":

- A. What is the maximum number of such spaces available at one time? _____
- B. What is the largest number of individuals for whom you purchased such lodging at any one time in the past year? _____
- C. What is the smallest number of individuals for whom you purchased such lodging at any one time in the past year? _____
- D. What is the average number of individuals for whom you purchased such lodging at any one time in the past year? _____
- E. From whom is such lodging obtained? _____

II. CLIENT CHARACTERISTICS

8. Of the persons you serve, what percentages are in each of the following groups? (Persons could be in several groups, so percentages need not sum to 100%.)

	<u>Persons in Families</u>	<u>Single Persons</u>
Mentally Disabled	____ %	____ %
Physically Disabled	____ %	____ %
Substance Abusers	____ %	____ %
Victims of Domestic Violence	____ %	____ %
Migrant/Seasonal Workers	____ %	____ %
Young (Under 21)	____ %	____ %
Old (Over 60)	____ %	____ %
None of the Above	____ %	____ %

9. Of the homeless persons you serve, what percentages are in each of the following racial/ethnic groups?

	<u>Persons in Families</u>	<u>Single Persons</u>
Black	____ %	____ %
White	____ %	____ %
Hispanic	____ %	____ %
Asian	____ %	____ %
Native American	____ %	____ %
Other	____ %	____ %

10. Of the homeless persons you serve, what percentages are in the following age groups?

	<u>Males</u>	<u>Females</u>
Under 18	____ %	____ %
18-30	____ %	____ %
31-60	____ %	____ %
Over 60	____ %	____ %

11. If the racial/ethnic or the age/sex percentages among clients you serve are different for certain "special needs groups", please indicate such differences on a separate sheet of paper (for example: if the substance abusers are nearly all teenagers, or the mentally disabled are more likely to be under age 21).

12. Please estimate the percentage of your homeless clients in the following categories:
- A. Those requiring organized or institutional support programs (e.g., mentally disabled) _____ %
 - B. Those requiring limited support or cash assistance, not ready to take a job (e.g., untrained young mother with a child) _____ %
 - C. Those temporarily homeless for economic reasons, needing a job but employable (e.g., a recently unemployed steel worker) _____ %
13. Do you ask your clients the reason for their homelessness? Yes ____ No ____
14. Do you ask your clients where they came from? Yes ____ No ____
15. Prior to their becoming homeless, where did your clients live? Please estimate the percentage of your clients for each category:
- A. lived independently in own housing unit _____ %
 - B. lived in someone else's housing unit (e.g., friend's apartment) _____ %
 - C. lived in an institution _____ %
 - D. other (where? _____) _____ %
16. Where do your clients come from? Please estimate the percentage of your clients for each category:
- A. from your own city (village) _____ %
 - B. outside city, but from your own county _____ %
 - C. outside your county, elsewhere in _____ State _____ %
 - D. outside _____ State _____ %
17. What do you think was the primary cause of the client's becoming homeless? Please estimate the percentage of your clients associated with each cause:
- A. eviction by landlord _____ %
 - B. evicted by primary tenant in whose unit the person lived _____ %
 - C. destruction of housing unit _____ %
 - D. family disruption _____ %
 - E. discharge from institution _____ %
 - F. other _____ %

III. PROGRAM FEATURES

18. What geographic area serves as your agency's "catchment"?

19. For each of the following services, please indicate whether your clients need the service, whether you provide or arrange for the service, and (if you do not) whether you consider it a major unmet need.

	<u>Needed</u>	<u>Provide/Arrange</u>	<u>Major Unmet Need</u>
Meals	_____	_____	_____
Housing Referral	_____	_____	_____
Educational Services	_____	_____	_____
Job Training	_____	_____	_____
Psychiatric Services	_____	_____	_____
Medical Services	_____	_____	_____
Child Care	_____	_____	_____
Counseling Services	_____	_____	_____
Information on Cash Assistance	_____	_____	_____
Advocacy/Translation	_____	_____	_____
General Info and Referral	_____	_____	_____
Other (What? _____)	_____	_____	_____

20. Is there a limit on the length of time family or non-family persons may stay in your shelter? Yes ___ No ___

If "Yes", what is it? _____

If "Yes", is it mandated by governmental regulations? Yes ___ No ___

21. Is there a limit on the number of times in a given period that family or non-family persons may stay in your shelter? Yes ___ No ___

If "Yes", what is it? _____

If "Yes", is it mandated by governmental regulations? Yes ___ No ___

22. Are there any other conditions for staying in the shelter (e.g., refrain from smoking, leave for part of the day, attend therapy, perform work, etc.)? Yes ☐ No ☐

If so, what are they? _____

23. What is the average length of stay for persons using your shelter?

Persons in Families _____ Single Persons _____

24. What is the average per diem cost to you to provide the shelter portion of your services (i.e., not including cost of meals or other supportive services)?
\$ _____

25. What percentage of your funding for homeless programs comes from each of these sources?

Federal Government
State Government
County Government
City/Town Government
Fees Paid by Clients
Churches or Private Charities
Other Non-Government Sources

26. Which of the following persons do you normally exclude from your shelter?

_____ those mentally disabled
_____ those under influence of drugs
_____ those under influence of alcohol
_____ those unkempt, lice-ridden, etc.
_____ those physically disabled
_____ those with multiple problems
_____ families with more than 3 children
_____ those from out-of-town
_____ others (who? _____)

IV. UNMET NEED

27. On an average night during the past year, how many families and single persons (whom you would normally shelter) did you turn away for lack of space?

Families _____ Single Persons _____

If this average fluctuates by season:

Average low-season turnaways _____ (Month _____)

Average high-season turnaways _____ (Month _____)

Highest number of turnaways at one time _____

28. From your knowledge of your catchment area, what would you estimate to be the largest number of people in that area who are in need of shelter at any one time for whom no shelter is available? _____

29. Where do those people sleep in the community? _____

30. In the past three years, by what percentage would you estimate the increase in the number of homeless people seeking aid from your agency? _____

31. Was there any particular time in the past three years when you saw a very sharp increase in the number of homeless people seeking help from your agency? Yes ___ No ___

If "Yes", when? _____

32. What percentage of clients leave your shelter for permanent housing? _____

If any, how many of those return to your shelter within a year? (circle one)

less than 1/4 1/4 1/2 3/4 more than 3/4

33. When they leave your shelter, what percentage of your clients:

A. go to another shelter

B. return to the street

C. return to housing arrangement from which they came

D. go to a hospital or treatment facility

E. other (what? _____)

IV. MISCELLANEOUS

34. Are there other resources or services which need to be developed or expanded to help in addressing the needs of homeless persons in your area? What?

35. Please attach any additional comments you wish to make regarding the needs of the homeless in the State and recommendations for meeting them.

36. If you have the information, please provide us a list of other agencies in your area that provide shelter to the homeless: (attach additional sheets, if necessary)

37. Check here if you want a copy of the results of the survey: _____

RECOMMENDATIONS

Putting Employment Initiatives Into Perspective

One of the major conclusions of the EIP research is that no set of employment initiatives, however comprehensive or well-designed, can serve as the primary vehicle for resolving the crisis of homelessness in Seattle.

The causes and consequences homelessness are complex and intertwined. Employment factors clearly play a contributing role. Changes in the structure of the local economy are resulting in a reduction of adequate employment and earning opportunities for persons with limited education and skills and a displacement of workers from industries which traditionally offered high wages and good benefits into employment in service industries and occupations which are generally characterized by lower wages, lower benefits and high turnover.

Combating the negative effects of current economic trends requires a broad-based agenda which includes the following:

- An effective early warning/notification system for local plant closures and business shutdowns.
- Mobilization and effective use of federal, state and local resources to assist dislocated workers in making a smooth transition to appropriate alternative employment.
- Economic development strategies that support the local development, continuation and expansion of businesses and industries which offer employment opportunities and growth potential in jobs paying a living wage and providing adequate benefit coverage and employment stability.

While many persons who are homeless are in some way victims of current economic trends, it is apparent that job loss or inability to find employment is not the primary factor precipitating or prolonging the crisis of homelessness for the major portion of the individuals and families in Seattle's homeless population.

Employment programs and job transition strategies alone will not address the housing and subsistence problems of the largest segment of the homeless population. Other strategies will be required for the majority (probably at least 70-80%) of the city's homeless. Those who are not in a position to benefit substantially from immediate employment or job transition programs include the following groups:

- Transients or others who refuse to participate in the labor force.
- Very late stage alcoholics who do not choose to participate in treatment programs and who need off-street places to congregate during the day and safe places to sleep at night.
- Indigent alcoholics and mentally ill persons who need effective treatment, case management and appropriate housing before they will be ready to participate in employment or job training programs.
- Low income individuals and families - including AFDC recipients, Social Security and disability support recipients who are unable to participate in the labor force, as well as working people - who have a stable source of income support but are unable to secure or maintain appropriate low-cost housing.
- Indigent heads of household or single individuals who are unable to work and need advocacy services in obtaining public assistance or disability benefits, as well as low-cost housing.
- Homeless Youth (age 17 or younger) who are outside of family structures and need longer-term life support, education and guardianship services in order to become ready for employment and independent life.

Non-Employment Recommendations

No employment initiative is likely to impact the serious problems associated with the current homelessness crisis in Seattle as dramatically as the reforms in the alcoholism service and treatment system proposed in the recent report to the Mayor, prepared by the City office of Management and Budget, and the housing and services initiatives recommended in the recently completed "Seattle-King County Emergency Shelter Study Update". These recommendations include the following:

- Ensure stable operating funds for existing emergency shelter programs.
- Explore alternative sources of financing and facilities for expanding emergency shelter and transitional housing capacities, particularly for youth, families, and individuals with mental or physical disabilities.

- Increase the opportunities and resources for decent and appropriate low cost housing in Seattle and King County.
- Strengthen immediate and transitional services available to emergency shelter clients, particularly families, youth and disabled clients.
- Improve linkages and funding and streamline application processes for public assistance and disability support programs for indigent shelter clients who are unable to participate in the labor force.
- Reform the GAU grant system to provide transitional income support for recovering alcoholics and to reduce incentives for alcoholics to come to Seattle from out-of-state locations.
- Establish a medical triage unit for alcoholics which would reduce the current overuse and misuse of public detox services.
- Establish a 24 hour emergency sleep-off shelter for public inebriates.
- Establish permanent, supervised, non-treatment sleeping facilities for late stage alcoholics who do not choose to participate in treatment programs.
- Establish comprehensive case management and treatment systems for indigent alcoholics, poly-drug abusers and non-institutionalized mentally ill persons.
- Develop alcohol free transitional housing units for recovering alcoholics.
- Encourage inter-governmental and inter-agency cooperation and coordination in defining problems, collecting data, and advocating and implementing solutions to homelessness on a County-wide basis.
- Establish an inter-departmental office on the homeless within City government which can coordinate and focus efforts to prioritize, develop and implement recommended strategies and services for the indigent homeless.

EMPLOYMENT RECOMMENDATIONS

1. For individuals age 16 and over who become clients of the emergency shelter system: Develop and implement standardized procedures for conducting basic up-front assessment of client

employability potential and need for employment-related assistance or alternative transitional services.

DHR, in consultation with employment and training specialists and community funding sources, should work with emergency shelter operators to:

- Evaluate basic client assessment practices and capabilities currently in place within the emergency shelter system.
- Determine what client information is needed and what criteria are most appropriate for identifying shelter clients who are in need of and in a position to benefit from employment transition or job training services.
- Determine what staffing arrangements and delivery mechanisms are most appropriate for conducting standardized up-front client assessment on-site in shelter facilities.
- Develop and earmark funds to support sufficient staff capabilities for conducting shelter-based client assessment.
- Provide training to prepare and assist shelter-based staff in implementing standardized front-end employability assessment procedures.
- Monitor to ensure that procedures are effectively implemented.

2. For shelter clients who are job-ready and desire immediate employment: Develop, fund and implement a rapid employment transition program which provides intensive job search training and support services coupled with temporary food and housing throughout a short-term job search and transition period.

This program should include the following components:

- In-depth assessment to ensure that clients selected for participation do not have a serious alcohol/drug dependency, other disabilities or competency deficiencies which would interfere with their ability to participate in the program and make a successful transition to employment.
- A 2-4 week daily program of structured job search training and self-conducted job search activities designed to result in securing full-time employment.

This program should be delivered by employment transition staff who are highly knowledgeable in regard to local job opportunities and employer expectations and able to work effectively with homeless individuals as well as potential employers.

- Emergency shelter and food during the period of active participation in the job search program; transitional shelter after employment is secured until the first paycheck is received; and assistance in securing permanent low-cost housing.
- A full array of services designed to support job search, such as: telephone access and message services; resume printing; assistance in collecting references; hygiene, grooming and clothing assistance; transportation assistance; and child care.

DHR and PIC staff should work with emergency shelter providers and community funding sources to:

- Assess the feasibility of initiating a rapid employment transition program on a demonstration basis.
- Determine appropriate size, target populations, shelter facilities, delivery strategies and cost parameters.
- Identify potential funding sources and develop a funding strategy.
- Secure funding for the initial demonstration.
- Develop program design specifications for the demonstration. Establish implementation, delivery and performance specifications and operator selection criteria.
- Issue a request for proposals.
- Evaluate proposals and select a contractor/program operator.
- Establish and carryout a strategy for monitoring and assessing the initial demonstration.
- Develop funding and action plans for continuing the program on a permanent basis (if warranted).

3. For shelter clients who need training, employment preparation or transitional work experience in order to compete successfully in the job market: Develop effective information and client referral and support linkages between emergency and transitional service providers and non-shelter-based job training and employment programs currently in operation within the Seattle-King County area.

DHR and PIC staff should work with both emergency shelter providers and job training/employment program operators funded under JTPA and Community Development Block Grants, as well as agencies such as Goodwill, Salvation Army, and other providers of employment and support services to:

- Identify and develop an adequate information base on the full array of job training and employment programs operating in Seattle-King County and potentially accessible to homeless clients.
- Provide in-service training for shelter-based staff on effective assessment of client needs and criteria and procedures for referring clients to appropriate job training or employment programs.
- Develop direct information-sharing, client referral and service coordination linkages between shelter-based staff and outside job training and employment program specialists and strengthen linkages with providers of other services needed to support clients during program participation and employment transition.

4. For street youth who are ready to participate in employment preparation and transition activities: Continue and strengthen the Street Youth Employment Demonstration Program, funded by the PIC and operated by the Orion Center and United Indians of All Tribes Foundation under contract to DHR.

- PIC staff should continue to work with City Youth Employment Program, Orion Center, and United Indians of All Tribes staff to evaluate and improve program design and results during the second year of the demonstration.
- PIC should continue to fund the demonstration and should provide increased funding needed to implement identified improvements in program design and strengthen job development, placement and follow-up services.

- United Indians of All Tribes and Orion Center (in conjunction with Catholic Community Services) should continue to augment PIC-funded employment preparation and transition services with educational programs, counseling, shelter and transitional housing assistance and other support services provided under a variety of funding sources.
 - PIC, DHR, and program operator staff should work with City and community funding resources to develop funding and opportunities for transitional work experience for street youth participants who are not ready to move directly into the competitive labor market.
5. For female heads of household and other homeless women in need of specialized services: Continue, expand and strengthen the employment preparation and transition services currently provided by the YWCA of Seattle-King County under a grant from King County United Way.
- DHR and United Way should work with the YWCA to evaluate the strengths and weaknesses of current service strategies and results for the Specialized Employment Program for Homeless Women and explore ways to increase funding in order to hire additional staff and strengthen and expand job transition and support services for female shelter clients.
6. For clients receiving treatment and recovering from alcoholism, substance abuse, mental illness and emotional disorders: Develop, fund and implement appropriate programs and program referral linkages for employment preparation, job training and transition - in conjunction with effective case management, income support and transitional housing strategies.

Effective systems of treatment, case management, transitional housing and support services are not currently in place for persons who are recovering from alcoholism and other serious disorders. Specialized employment service strategies should be developed in conjunction with the development of these systems.

- Inter-departmental City staff assigned to homeless initiatives should work with employment specialists from public and private non-profit agencies, staff in the County-funded alcohol and mental health systems and other community funding sources to identify the employment-related service needs of the population in treatment and to develop appropriate service strategies, funding options and program

referral linkages for assisting these clients in making an effective employment transition.

THE ROLE OF BUSINESS

While government entities and community service agencies will bear responsibility for much of the work involved in planning and carrying out the initiatives recommended in this study, the active support of the business community is a critical factor in the successful implementation of any employment initiative. Some of the ways in which business associations, corporations, labor unions, and individual business and labor representatives can contribute to the effort to facilitate effective employment transition for homeless clients are summarized below.

- Identify the development and expansion of employment initiatives as a community priority in attacking the problem of homelessness.
- Assist in publicizing and advocating the need for employment transition programs and services targeted at potential workers within the homeless population.
- Organize and participate in fundraising campaigns; contribute resources to support the development and expansion of employment initiatives.
- Serve on program development and design committees; assist in establishing program targeting and performance criteria and selecting service providers for new employment transition programs.
- Serve on program business advisory boards; encourage existing programs to upgrade and expand job training and employment transition services for homeless clients.
- Provide support and technical assistance in developing "enterprise" projects designed to generate income and provide transitional work experience for homeless clients while providing useful services for business, neighborhood and community groups.
- Contact job training/employment transition programs to provide baseline information on hiring needs and skills requirements for your organization or industry.
- Use job training/employment transition programs as a resource for recruiting and hiring qualified homeless workers.

EXHIBIT A

Ordinances

7/2/86 LA Daily Journal
ORDINANCE NO. 161426

An ordinance amending the Los Angeles Municipal Code to permit the establishment of shelters for the homeless subject to Zoning Administrator approval in the R3, R1, M3 and M3 zones.

THE PEOPLE OF THE CITY OF LOS ANGELES
DO ORDAIN AS FOLLOWS:

Section 1. Section 12.03 of the Los Angeles Municipal Code is hereby amended by adding in proper alphabetical sequence a definition of "Shelter for the Homeless" to read as follows:

Shelter for the Homeless - a residential facility operated by a "provider," other than a "community care facility" as defined in California Health and Safety Code Section 1501, which provides temporary accommodations to homeless persons and/or families and which meets the standards for shelters contained in Title 25, California Administrative Code, Part 1, Chapter 7, Subchapter 12, Section 7972. The term "temporary accommodations" means that a homeless person or family will be allowed to reside at the shelter for a time period not to exceed six months. For the purpose of this definition, a "provider" shall mean a government agency or private non-profit organization which provides, or contracts with recognized community organizations to provide, emergency or temporary shelter for the homeless, and which has been certified by the Community Development Department of the City of Los Angeles to meet all applicable requirements as such which are contained in the California Health and Safety Code and the California Administrative Code.

Sec. 2. Subsection I of Section 12.17 of the Los Angeles Municipal Code is hereby amended by adding a new Subdivision 12 to read as follows:

12. To permit the establishment and operation of a shelter for the homeless (as defined in Section 12.03 of this Code) containing not more than 10 beds and designed to serve not more than 10 persons in the R3, R1, M3 and M3 zones and to permit a reduction in the number of off-street automobile parking spaces for such use to ten percent of the number otherwise required by Section 12.21 & 4 of this Code, provided that in no event shall less than two spaces be provided. A Zoning Administrator may impose reasonable conditions on the grant of such permission.

- (a) An application for permission pursuant to this subdivision shall be set for public hearing, and notice shall be given in the same manner as for a use variance which is set for hearing as provided for in Section 12.27 B 3(b) of this Code, except that a determination of an application for permission pursuant to this subdivision shall be made by a Zoning Administrator within 60 days of the filing of an application.
- (b) Before approving an application pursuant to this subdivision a Zoning Administrator shall make all of the following findings:

- (1) that the project is consistent with the various elements and objectives of the General Plan;
- (2) that the project would have no substantial adverse impact on properties or improvements in the surrounding neighborhood;
- (3) that there is not an over-concentration of shelters for the homeless in the surrounding area; and
- (4) that the land uses and development in the immediate vicinity of the subject site will not constitute an immediate or potential hazard to occupants of the shelter.

- (c) After making a determination pursuant to this subdivision, the Zoning Administrator shall notify, in writing, the applicant and owners of all properties abutting, across the street or alley from, or having a common corner with the subject property, of his or her determination. The applicant or any aggrieved person may appeal a determination of the Zoning Administrator to the Board of Zoning Appeals in the same manner as prescribed by Section 12.18 of this Code, except that the Board shall make its determination within 60 days of the filing of an appeal.

Sec. 7. Subsection 2 of Section 19.01 of the Los Angeles Municipal Code is hereby amended by adding a new fee for "Request to Establish a Shelter for the Homeless as provided in Section 12.17 I 12" immediately following "Interpretation of Peace Height Limitation as provided for in Sections 12.17-I 1 and 12.17-I 2," to read as follows:

Type of Application	Flat Fee	Fee for Appeal to Board
Request to Establish a Shelter for the Homeless as provided for in Section 12.17 I 12	\$340.00	One-Half Filing Fee

Sec. 1. The City Clerk shall certify to the passage of this ordinance and cause the same to be published in some daily newspaper printed and published in the City of Los Angeles.

I hereby certify that the foregoing ordinance was passed by the Council of the City of Los Angeles, at its meeting of JUN 18 1986.

ELIAS MARTINEZ, City Clerk.

By Edward W. Bradley Deputy
Mayor

Approved JUN 27 1986

File No. 84-2191-51 (1370087)(940530) 7/2

ORDINANCE NO. 161427

An ordinance amending the Los Angeles Municipal Code to permit the establishment of shelters for the homeless in the R4, R5, C1, C4, C5 and CM zones as a matter of right.

THE PEOPLE OF THE CITY OF LOS ANGELES
DO ORDAIN AS FOLLOWS:

Section 1. Section 12.03 of the Los Angeles Municipal Code is hereby amended by adding in proper alphabetical sequence a definition of "Shelter for the Homeless" to read as follows:

Shelter for the homeless - a residential facility, operated by a "provider," other than a "community care facility" as defined in California Health and Safety Code Section 1502, which provides temporary accommodations to homeless persons and/or families and which meets the standards for shelters contained in Title 25, California Administrative Code, Part 1, Chapter 7, Subchapter 12, Section 7972. The term "temporary accommodations" means that a homeless person or family will be allowed to reside at the shelter for a time period not to exceed six months. For the purpose of this definition, a "provider" shall mean a government agency or private non-profit organization which provides, or contracts with recognized community organizations to provide, emergency or temporary shelter for the homeless, and which has been certified by the Community Development Department of the City of Los Angeles to meet all applicable requirements as such which are contained in the California Health and Safety Code and the California Administrative Code.

Sec. 2. Subsection A of Section 12.11 of the Los Angeles Municipal Code is hereby amended by adding a new Subdivision 13 to read:

13. Shelter for the homeless (as defined in Section 12.03 of this Code) containing not more than 30 beds and designed to serve not more than 30 persons. Except within the Central City Community Plan area, any shelter for the homeless established pursuant to this subdivision shall be located at least 600 feet from another such shelter. The minimum number of off-street parking spaces provided in conjunction with such use shall comply with the requirements of Section 12.21 A 4(w) of this Code.

Sec. 3. Subsection A of Section 12.14 of the Los Angeles Municipal Code is hereby amended by adding a new Subdivision 44 to read as follows:

44. Shelter for the homeless (as defined in Section 12.03 of this Code) containing not more than 30 beds and designed to serve not more than 30 persons. Except within the Central City Community Plan area, any shelter for the homeless established pursuant to this subdivision shall be located at least 600 feet from another such shelter. The residential yard requirements of this section shall not apply to a shelter in an existing non-residential building. The minimum number of off-street parking spaces provided in conjunction with such use shall comply with the requirements of Section 12.21 A 4(w) of this Code.

Sec. 4. Subdivision 1 of Subsection A of Section 12.17.1 of the Los Angeles Municipal Code is amended to read as follows:

1. Any use permitted in the C1 zone, provided that such uses are conducted in full compliance with all of the regulations of said zone, except that such uses may be conducted as wholesale businesses without limitation on the floor area used for storage. Provided further that residential uses shall be permitted but shall be limited to shelters for the homeless and those uses permitted in the R3 Multiple Residential zone which shall be in compliance with all the regulations of the R3 zone. Provided further that the following uses are prohibited in the CM zone:
 - (a) churches;

- (b) child care facilities or nursery schools unless permitted by Section 12.22 A 3 or approved pursuant to the provisions of Section 12.24;
- (c) fraternity or sorority houses or dormitories;
- (d) hospitals or sanitariums unless approved pursuant to the provisions of Section 12.24;
- (e) museums or libraries;
- (f) schools or educational institutions.

Sec. 5. Subdivision 4 of Subsection A of Section 12.21 of the Los Angeles Municipal Code is hereby amended by adding a new Paragraph (w) to read as follows:

(w) Shelter for the homeless. The number of automobile parking spaces required for a "shelter for the homeless" as defined in Section 12.03 of this Code, located within 1,000 feet of a public transit stop, may be reduced to 25 percent of the number otherwise required by paragraphs (a) through (v), inclusive, of this Subdivision 4, but in no event less than two spaces for any such shelter. The number of automobile parking spaces required for a "shelter for the homeless" as defined in Section 12.03 of this Code, located 1,000 feet or more from a public transit stop, may be reduced to 25 percent of the number otherwise required by paragraphs (a) through (v), inclusive, of this Subdivision 4, plus two spaces.

Sec. 6. The City Clerk shall certify to the passage of this ordinance and cause the same to be published in some daily newspaper printed and published in the City of Los Angeles.

I hereby certify that the foregoing ordinance was passed by the Council of the City of Los Angeles, at its meeting of JUN 18 1986.

ELIAS MARTINEZ, City Clerk.

By Elias Martinez Deputy.

Approved JUN 27 1986

File No. 88-2131-31

Tom Bradley
Mayor.

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690579

EXHIBIT B
APPLICATION FOR SHELTER CERTIFICATION

Please submit this form to: Community Development Department
Human Services & Neighborhood Development Division
ATTN: Sue Cleere Flores, Director
215 W. 6th Street, 6th Floor
Los Angeles, California 90014

The undersigned certifies to the following:

1. Temporary shelter shall be available to residents for no more than six (6) months, including extensions. Such services shall be available at no cost to all residents of a provider's shelter or shelters;
2. staff and services shall be provided to assist residents to obtain permanent shelter and income. Such services shall be available at no cost to all residents of a shelter or shelters;
3. grant funds shall be used to provide shelter only for homeless persons whose current gross income does not exceed 185 percent of the State of California Aid to Families with Dependent Children needs standard pursuant to Sections 11267 and 11450 of the Welfare and Institutions Code;
4. the provider shall not discriminate in any services provided;
5. the provider shall not require participation by residents in any religious or philosophical ritual, service, meeting or rite as a condition of eligibility for shelter; and
6. the provider shall be able to serve non-English speaking persons if such persons are expected to be served by the provider's programs.

Signature _____

Date _____

Are you a Public Agency?

Are you a Non-profit?

Operating Agency Name:

Address:

Phone Number:

Contact Person:

Site Address:

Current Zoning*:

General Plan Designation**:

*This information may be obtained at the Planning Public Counter, Room 160-S City Hall

**If Zoning & General Plan Designation differ, call Planning Department, 465-7826.

Please attach a copy of your current California Tax Exemption to this application

EXHIBIT C
OFFICE OF ZONING ADMINISTRATION

APPLICATION FOR SHELTER FOR THE HOMELESS
Sec. 12.27 I 12 of the Municipal Code
(Ordinance No. 161,426)

ELIGIBILITY: Facilities of 30 beds or less, located in the R3, M1, M2 and M3 zones, certified by the Community Development Department of the City of Los Angeles, and which otherwise meet the definition of Shelter for the Homeless in Section 12.03 of the Los Angeles Municipal Code. Parking may be reduced to as much as 10 percent of required and decisions are appealable to the Board of Zoning Appeals as in Section 12.28.

TO THE OFFICE OF ZONING ADMINISTRATION

The undersigned applicant _____
(PRINT applicant's name)
requests the permission under Section 12.27 I 12 of the Los Angeles Municipal Code to use the building on the following described property for the operation of a shelter for the homeless as defined in Section 12.03 of the Los Angeles Municipal Code.

Located in the _____ zone at _____
(street address)
between _____ and _____ street in
the _____ District, on District Map No. _____.

Exact Legal Description of said property
being _____

a map of which showing property within 300 feet and Property Owners List are hereto attached and made a part hereof (see instructions).

What type of building is to be used and to what use is it now devoted? (Give number of stories, number of rooms and number in present family or group occupying the dwelling unit.)

FOR OFFICE USE ONLY

DM NO.	ZONE	CD	PLANNING AREA	CT
--------	------	----	---------------	----

DATE APPLICATION DEEMED COMPLETE AND FILED: _____
Initials _____

1. What is the distance from the subject property to the nearest shelter for the homeless in the vicinity. _____ feet.
2. Please describe any programs, activities, or management procedures of the shelter that would enable it to fit into the character of the surrounding neighborhood? (Attach a separate sheet if necessary.)
3. Please provide a listing of any other shelters for the homeless in the area surrounding the subject site.

4. Please describe the land uses and development in the immediate vicinity of the proposed shelter. List and describe any uses which may constitute an immediate or potential hazard to occupants of the shelter.

Application Reviewed and Accepted by _____ Date _____

Application Fee _____ O.S.S. Fee _____ Total Fee _____

Receipt No. _____

APPLICANTS AFFIDAVIT

STATE OF CALIFORNIA)
CITY OF LOS ANGELES) SS.
COUNTY OF LOS ANGELES)

We,

I,

(PRINT applicant's name)

being duly sworn, depose and say that the foregoing statements and answers herein contained are true and correct to the best of my knowledge and belief and that if the Zoning Administrator permission hereby requested is granted that the floor space of the building in question will not be increased nor be so rearranged that it would reasonably preclude the use of such building for purposes otherwise permitted in the zone in which the property is located; that the Community Development Department of the City of Los Angeles has certified that the applicant has met all applicable requirements of the California Health and Safety Code and the California Administrative Code; and that the undersigned will comply with the conditions and limitations imposed by the Zoning Administrator and other public agencies and will apply for and obtain any required permits.

Phone No.: _____ Signed: _____

(mailing address)

Subscribed and Sworn before me this _____ day of _____ 19__.

Notary Public

This is to certify that the foregoing application has been inspected by me and has been found to be thorough and complete in every particular and to conform to the requirements of the Chief Zoning Administrator governing the filing of such application.

State below the name, address and phone number of person(s) to be contacted for details, if other than above signatory.

Name _____
Address _____
Phone No. _____

CP-7743 (9/11/86)

Excerpt from Shelter Partnership, "City of Los Angeles Shelter Ordinances: Interpretive Memorandum," February 1987.



MINIMUM REQUIREMENTS FOR EMERGENCY SHELTERS

HUMAN SERVICES DIVISION

JUNE 1986

V. Minimum Requirements for SheltersRequesting City Operating & Capital Improvement Funds

An emergency shelter provides crisis relief for the homeless on a daily basis with no fee or religious participation required. It provides the basic needs of a place to sleep, humane care, reasonable security, safety, and referrals to other agencies.

The following requirements are categorized as Essential (E) or Desirable (D). A shelter is expected to comply 100% with the essential requirements and 70% with the desirable requirements. In order to receive city funds, shelters will be asked to answer "Yes" or "No" to the following statements, and to sign their responses.

A. Administration

- | | | | |
|--------|--|------------|-----------|
| (E) 1. | Our shelter is a legal entity according to the provisions of Chapter 1702 of the Revised Code (that is, we are a non profit corporation). | Yes
/ / | No
/ / |
| (E) 2. | Our shelter shall have a policy statement which includes our shelter's purpose(s), population served, program(s) description, shelter criteria and a non discrimination policy. Our shelter does not require religious participation, and does not discriminate on the basis of race, religion, or natural origin. | Yes
/ / | No
/ / |
| (D) 3. | Our shelter has an organization chart delineating the administrative responsibilities of all persons working in the shelter. | Yes
/ / | No
/ / |
| (D) 4. | Our shelter has space designated for securing all documents in order to insure client confidentiality. | Yes
/ / | No
/ / |

B. Personnel

- (E) 1. Our shelter has enough adequately trained on-site staff persons (paid or volunteer) to meet the needs of residents and insure the safety of the facility during all hours the facility is open to residents. (A recommended ratio during awake hours should be 1 staff to 50 residents for an adults-only facility, and 1 staff to 25 residents for a facility housing children.)

Yes No
// //

- (D) 2. Our shelter has a written position description for each type of position, which includes at least job responsibilities, qualifications and salary range.

Yes No
// //

- (D) 3. Our shelter has written personnel policies in effect which include at least a Code of Ethics for all our personnel.

Yes No
// //

- (D) 4. Our shelter's staff has been trained in emergency evacuation, first aid procedures, and CPR procedures, and has received on-going inservice training in counseling skills, handling tensions in a non-violent manner, emergency assistance skills, etc.

Yes No
// //

- (D) 5. Our shelter has an organized method of selecting and training all volunteers. In addition, volunteers have job descriptions and identifiable lines of authority.

Yes No
// //

C. Fiscal Management

- (E) 1. Our shelter carries out fiscal activities which are consistent with sound financial practices based upon a budget approved by our board.

Yes No
// //

Minimum Requirements for Emergency Shelters

Page 7

- | | | | |
|--------------------------|---|-----------|----------|
| (D) 2. | Our shelter has records of accountability for any client's funds or valuables we are holding or managing. | Yes
// | No
// |
| (D) 3. | Our shelter has received an independent audit and will make available all financial records as may be required by the City. | Yes
// | No
// |
|
D. <u>Procedures</u> | | | |
| (E) 1. | Our shelter has written policies for intake procedures and criteria for admitting people to our shelter. | Yes
// | No
// |
| (E) 2. | Our shelter reads to all residents our house rules, regulations, and disciplinary procedures; and residents to sign a copy, and/or posts a copy in a conspicuous place. | Yes
// | No
// |
| (E) 3. | Our shelter keeps a daily office log which documents the activities of each shift, and any unusual or special situations and instructions regarding special clients (such as, children, medicine, illness, etc.). Our shelter requires the staff person in charge of each shift to sign the log for that shift. | Yes
// | No
// |
| (D) 4. | Our shelter maintains an attendance list which includes at least, name, age, and sex of all persons residing in our shelter. | Yes
// | No
// |
| (D) 5. | Our shelter refers people to the appropriate shelter or agency if we cannot provide shelter. | Yes
// | No
// |
| (D) 6. | Our shelter provides all residents with a one-page handout which summarizes our program, or posts a copy in a conspicuous place. | Yes
// | No
// |

E. Medical

- (E) 1. Our shelter has available at all times first aid equipment and supplies in case of a medical emergency.
- (D) 2. Our on duty shelter staff has available a life squad phone number. Our shelter's staff rely on life squad personnel or a physician to determine medical status.
- (D) 3. Our shelter has at least one staff person on duty who is trained in emergency first aid procedures.
- (D) 4. Our shelter has a written policy regarding the possession and use of controlled substances, prescription medicine and over-the-counter medication.

Yes No
// //

Yes No
// //

Yes No
// //

Yes No
// //

F. Food Service

- (E) 1. (For shelters which provide food service): Our shelter has made adequate provisions for sanitary storage and preparation for food.
- (E) 2. (For shelters which serve infants, young children, or pregnant women): Our shelter has made provisions to meet their nutritional requirements.
- (D) 3. (For shelters which do not provide food services): Our shelter has a nearby food system available for our residents.

Yes No
// //

Yes No
// //

Yes No
// //

G. Safety

- (E) 1. Our shelter has a fire safety plan, including a fire detection system.
- (E) 2. Our shelter has an emergency evacuation plan posted.

Yes No
// //

Yes No
// //

Minimum Requirements for Emergency Shelters

Page 9

		Yes	No
		//	//
(E)	3. Our shelter has an office phone to contact fire or emergency squad or police.		

H. Equipment & Environment

		Yes	No
		//	//
(E)	1. Our shelter has a housekeeping and maintenance plan.		

		Yes	No
		//	//
(E)	2. Our shelter provides each person with at least a crib or bed with linen, or a mat.		

		Yes	No
		//	//
(D)	3. Our shelter has an adequate ventilation and heating system.		

		Yes	No
		//	//
(D)	4. Our shelter is clean and in good repair.		

		Yes	No
		//	//
(E)	5. Our shelter has reasonable access to public transportation.		

		Yes	No
		//	//
(D)	6. Our shelter has adequate and separate toilets, wash basins, and shower facilities for men and women.		

		Yes	No
		//	//
(D)	7. Our shelter has private space in which to meet with individual residents.		

		Yes	No
		//	//
(D)	8. Our shelter has laundry facilities available to residents, or access to laundry facilities nearby.		

		Yes	No
		//	//
(D)	9. Our shelter has secure storage for checking in/out residents' personal belongings.		

Shelter Director

Chairperson, Board of Trustees

Date: _____

Date: _____

Excerpt from City of Cincinnati, Human Services Division,
"Minimum Shelter Requirements for Emergency Shelters," June 1986.

State and Local Perspectives

Portland's Special Programs for Special Populations

by Marian Milligan

In Portland, special energy assistance programs are answering the needs of downtown populations historically not served by regular social services agencies: the homeless and the residents of skid road area hotels are getting help through a merchandise program and a shelter vendor program. Designed to aid the homeless in their struggle to stay warm during the cold winter months, and to help skid road residents afford the energy costs of their rooms, the programs exemplify Oregon's commitment to serve as wide a range of low-income households as possible.

History of the Programs

Administered by Burnside Projects—a non-profit corporation that is part of Portland's Community Action Agency—energy assistance is one of many services offered to the needy. For the past five years, Burnside Projects, which incorporates eight distinct project areas, has been providing an emergency night shelter, public showers, alcoholism treatment, mental health services, corrections services (recognizance for pre-trial release), money management and check endorsing, transitional housing, and emergency assistance. (Burnside provides energy assistance benefits as part of the emergency assistance program.) Burnside, with its staff of thirty, and a core of volunteers from churches, businesses, civic groups, and the Burnside neighborhood, serves 8,000 clients every year; of these, over 2,500 receive energy assistance.

The clients of Burnside Projects are low-income elderly (many of them shut-ins), transients and homeless. Many of them are handicapped. A large number live in single-room-occupancy hotels and another 500 to 1,000 either sleep in emergency shelters or on the streets.

A variety of factors, including increased energy costs, have resulted in closures of

many of the low-income hotels in the area. Those hotels which are still open have had drastic rent increases, and do not heat their buildings adequately, if at all. One hotel was without oil for days at a time in December and January; indoor temperatures were in the low 30s and 40s. Many hotels are only heated for a few hours in the late afternoon and by evening are cold again. Both the homeless and the hotel residents are therefore "energy poor."

Since the beginning of the Low-Income Energy Assistance Program (LIEAP), Oregon State Community Services has been concerned with these special urban populations. It was felt that LIEAP benefits should go not only to those who pay rent but to those who cannot afford adequate housing due to high energy costs. The merchandise and the shelter vendor programs address this basic issue.

The Merchandise Program

The merchandise program is designed to meet the needs for warmth of the poorest and most vulnerable citizens—the homeless. Within downtown Portland it is estimated that 2,000 individuals reside in temporary night shelters, on the streets, under bridges, in automobiles, in abandoned buildings, in doorways, in parks, in missions, and in idle railroad boxcars. These individuals include the unemployed and the underemployed, grandparents and children, men and women, alcoholics and the chronically mentally ill, as well as the disabled and the disillusioned.

Homeless individuals have virtually no access to heated buildings or warm clothing in the winter months and are particularly vulnerable to illnesses related to exposure to cold and wet weather. In order to keep the homeless as warm as possible and to reduce the incidence of exposure-related illness, for the past four years Burnside Projects has distributed sleeping bags and warm winter jackets to the homeless of Portland. This merchandise is purchased in bulk orders from local manufacturers with LIEAP program funds.

Notices are posted in missions, clean-up centers, shelters, and Food Stamp offices informing the homeless of their possible eligibility for a warm winter jacket and sleeping bag.

The cooperation of area shelters and food providers is invaluable in verifying homelessness. A simple form has been developed for homeless applicants: the form must be completed by a staff member at the agency where the applicant eats or sleeps; it establishes the applicant's involvement in area social services programs and the length of such involvement.

Burnside Projects schedules specific appointment times for the homeless to apply for LIEAP assistance. At that time, the applicant must submit the homelessness verification form, and complete an application; eligibility is then determined, and each eligible homeless applicant receives a warm winter jacket and/or a sleeping bag. The name of the applicant is written in indelible ink in the lining of the jacket and on the sleeping bag.

The staff of Burnside Projects believe, and local health clinics and hospitals concur, that the merchandise program has succeeded in significantly reducing the number of weather-related illnesses and deaths of homeless citizens in Portland. Warm winter jackets and sleeping bags greatly reduce the chill of sleeping outdoors and standing in the rain waiting in line for admittance to shelters that open in the evening. Even inside the shelters, the homeless need sleeping bags to keep warm. The staff here have been deeply touched by the outpouring of gratitude expressed by the homeless recipients of the merchandise.

In addition, by serving the homeless with merchandise, the staff have had the opportunity to inform homeless individuals about other social services available to them. These include Food Stamps, welfare, rent assistance programs, job training, social security benefits, alcohol treatment programs, and mental health counseling programs. By providing this information, as well as referrals,

Burnside Projects staff hope to reduce the number of homeless.

Shelter Vendor Program

Over 96 percent of low-income residents in the city of Portland who reside in area hotels have their heating costs included in their rent. The ever-increasing cost of heat has made it very difficult for people on fixed incomes and low incomes to afford the corresponding rising cost of their rent. Many are unable to keep up with skyrocketing hotel rates on their meager incomes and are forced to join the ranks of the homeless. The Shelter Vendor Program is intended to help low-income hotel residents pay for the energy costs associated with their dwelling units.

Large sums of money have traditionally not been handled well in the Burnside area of Portland. Theft, loss, and alcoholic drinking are problems that assail neighborhood residents. The shelter vendor program circumvents these problems.

In order to aid low-income residents of downtown hotels afford their energy costs during the winter months, the proportional amount of the monthly rent attributable to heating costs was determined; this turned out to be an average of \$50 a month. A procedure was established to help tenants pay their energy costs without putting large sums of cash into their hands. In addition, a procedure was chosen which would benefit the applicant at the time of application, rather than at the time of check issuance.

This procedure consists of signing contracts with area hotel owners obligating them to reduce the rent of an eligible LIEAP household by the amount equal to the energy costs of heating the room. This reduction occurs each month for four consecutive months. Hotel operators, by signing the contract, are assured that LIEAP payments are made directly to the hotel in the amount equal to the total amount of energy costs deducted from the rent. If a LIEAP applicant vacates the hotel room before receiving the full energy assistance benefit for which the

household is eligible, the hotel is obligated to issue a refund check. The check is sent to Burnside Projects for reissuance to the client or the new lodging facility. Because of the severity of insulation and weatherization problems in area hotels, low-income hotel residents also have the option of taking a warm winter jacket and sleeping bag. If the applicant elects this option, the wholesale value of the merchandise is deducted from the amount of the assistance grant made available to the hotel operator.

Burnside Projects developed a standard form to aid hotels in maintaining the records necessary for the proper functioning and supervision of the program. Twenty-six area hotels, containing a total of 1,743 rooms, became shelter vendors during this year's program in the downtown Portland area. A monthly occupancy check keeps track of the clients. There were 1,647 payments made to hotels during the five months of the program.

The advantages of the shelter vendor program are many. Low-income residents get program benefits from the day of application, rather than having to wait for check processing. Many who would have been evicted from area hotels are now able to stay in warm hotel rooms during the winter months with the help of the energy subsidy. Close contacts are developed with hotel operators making it possible for agency staff to insure that the hotels adhere to city and county housing regulations concerning heat and hygiene. Since more people are now able to afford shelter vendor hotel rooms, the hotel vacancy rate has dropped dramatically. From December to April, the occupancy rate at shelter vendors was virtually 100 percent. This is a strong incentive for hotels to participate in the program. This program also insures that energy assistance funds go primarily for energy costs as intended and avoids the problems associated with giving cash to sometimes vulnerable tenants. Finally, by taking applications in the lobbies of hotels, outreach to the disabled, elderly, and homebound is maximized.

Summary

As Burnside Projects compiles its final statistics, some interesting facts have come to light about this past year's energy assistance programs. Burnside Projects served 2,257 households for a total of 3,588 individuals. Other related statistics are:

- 51 households had children under 6;
- 392 households had someone over 60;
- 412 households had a member who was employed, but income was still low enough to qualify;
- 1,057 households had some handicapped;
- 1,271 households were applying for the first time, although energy assistance has been available for four years;
- only 931 households received Food Stamps, although all were eligible;
- 205 households had a Native American member;
- 1,144 households had incomes from \$0 to \$1999; and,
- 631 households had incomes from \$2,000 to \$3,999.

The majority of people served by Burnside Projects have been affected by the economy or are on fixed incomes. They have very little mobility. Many of them don't wish to be in the downtown area, but have migrated there because of the low-priced housing. The proportion of alcoholics and mentally disabled is smaller than anticipated. Many of the Burnside Projects' clients are looking for jobs, but have trouble finding them. On the average, they are younger than the stereotypical "street person."

Oregon State Community Services provides energy assistance benefits to over 92,000 households each year; serving the needs of Portland's special downtown area residents is an integral part of Oregon's program. The merchandise program and the shelter vendor program are also supported by the board of the Community Action Agency of Portland, which feels that these programs serve the purpose of the Low-Income Home

Energy Assistance Act, that of assisting households to meet the costs of home energy.

For further information about either program, please contact:

Bobby Weinstock or Bob Skall
LIEAP Coordinators
Burnside Projects
523 N.W. Everett
Portland, Oregon 97210
(503) 222-9362

or

Marian Milligan
State Community Services
Oregon Department of Human Resources
303 Public Service Building
Salem, Oregon 97310
(503) 378-4729

Energy Assistance Program Monitoring and Evaluation: The Maryland Model

by Shirley E. Marcus

Energy assistance is one of the most critical of the human services; indeed, it may sometimes mean the difference between life and death. In Maryland, over \$27 million was spent last year to provide this vital aid to 86,000 low-income families. A program of this importance and scope requires a systematic approach to monitoring and evaluation: sound methodologies—enabling administrators to assess whether or not the program is meeting its goals—are integral to the efficient delivery of services. Maryland's Energy Assistance Program (MEAP) has developed an effective monitoring and evaluation process, whose goal is to provide administrators with an accurate picture of the program so that further improvements can be made.

Internal Program Monitoring

The State began refining its monitoring procedures by making substantial changes in

staffing. Moving away from the concept of specialists monitoring only one program, Maryland established the Central Monitoring Unit (CMU). This is a team of generalists, who are responsible for monitoring energy assistance, weatherization and community services. The State also separated the technical assistance and monitoring functions, asking at least one staff person within each program to be responsible for technical assistance to the State's 20 local administering agencies. This centralized approach to monitoring is far more cost-effective and avoids duplication.

The next step for the State was to develop a comprehensive approach to monitoring that would shed light on every phase of the energy assistance program.

Monitoring begins with the Operational Readiness Review: during the first two weeks of the program the monitoring staff perform on-site visits at the local agencies. The purpose of this review is to find out if local administering agencies have established the appropriate internal control procedures, provided training for staff and volunteers, and obtained supplies of materials necessary for outreach, intake certification and check issuance. The monitoring staff also tests a small sample of certified applications. The local administering agency receives immediate feedback regarding any program modifications that need to be made. In this way Maryland offers its local agencies quality control analysis that has an immediate impact on intake and certification procedures.

Next follows the Comprehensive Monitoring Review. This review analyzes the administrative, financial and programmatic aspects of local programs. The review is the responsibility of the Central Monitoring Unit and normally occurs four to six weeks after the program begins.

The CMU verifies the data on the most recent monthly administrative and benefit reports submitted by the local agencies. The CMU also gathers productivity data for intake workers, certifiers and outreach staff. Finally, the CMU examines a random sample of

ENCLOSURE # 8

NEW YORK SHELTER EMPLOYMENT PROGRAM

An employment program for homeless people in New York City started April 6, 1986, as a six month demonstration project with homeless men at Harlem Men's Shelter, following a request from the Mayor to provide work opportunities for able-bodied men who wanted jobs.

The city, through the Department of Employment, hired three community based organizations with a good track record to work on site with interested residents. During the first three months of the pilot they worked intensively to get out the word about the program, identify men interested in participating and bring services directly to them to ensure success. The Department of Employment had a three person management team located in the shelter to oversee the project, capture information on the computer and for general problem solving purposes. A homeless man was hired to inform others of the program and generate interest. The three community based organizations conducted assessments of job skills and other strengths/needs; matched those with skills to potential jobs using the Dictionary of Occupational Titles; prepared resumes; and identified employers. Initially the most employable persons (skilled and interested) were selected to participate. The city also provided funds for necessary clothing and gave each employed individual \$7.00 per day for transportation and lunch until their first paycheck arrived. About ninety men were employed during the pilot period in construction, messenger and general labor jobs which paid an average wage of \$4.23/hour.

The program was designed as a four track system:

- * In Track I, the most employable people were identified and matched with appropriate jobs.
- * In Track II, clients were placed in unsubsidized employment three days per week and paid on a daily basis. Two days per week they attended alcohol/drug abuse counseling sessions. In this track, an individual could progress to four days of work and one day of counseling and eventually to five full days of work. Then they would be placed in Track I.
- * In Track III, participants were trained in programs funded through the Job Training Partnership Act. This track was not successful in the pilot program because there was no pay. Only eighteen men were willing to participate.
- * Track IV was targeted at men who were unlikely to maintain long term employment, but wanted to earn money. They were offered work from employers requesting day laborers. In the pilot program eighty-one men worked for over 1,000 employers. Thirty-two decided on long term work. However, this part of the program was not cost-effective and was later discontinued.

In September of 1986, the Harlem Men's Shelter became an employment shelter. Residents can only remain in the shelter if they are participating in the employment program. Later a second employment shelter was opened in Brooklyn. Men are told about the program at other city shelters and referred if they express interest in participating. The Harlem shelter has about 200 beds; the one in Brooklyn has 450 beds. Both shelters are always full. Those who obtain jobs can stay up to six weeks - by then they must either find permanent housing or move to a transitional shelter. Some return to homes of family or other relatives.

The men's program is now firmly established with the referral system, two employment shelters and transition back into the community. Those who do not find employment or decide not to participate are placed in other shelters. Those who lose their jobs may return to the program.

At present the Department of Employment is trying to improve the rate of pay and is compiling information on job retention after thirty, sixty and ninety days. They will also be tracking those who have changed jobs, especially to see if there is any significant change in wages. Contractors are paid in four installments, designed to build in incentives for successful placements of individuals. The first payment is given when the individuals are enrolled, second payment when they are placed, and third and final payments are made if they are still on the job after thirty and sixty days. The cost of the program is about \$1,750 per person. Start-up costs are a little higher.

In April of 1987, a pilot program for women was started, based on the men's model. So far they have found Track III to be more fully utilized by women. Module A of Track III includes a "brush-up" program in which participants can practice skills needed for typing, other business machines, cash registers, professional cleaning equipment and waitressing. Module B includes on-site individualized instruction. The program is being conducted at the Lexington Armory Women's Shelter which has about two hundred beds. So far, thirty-six women have been interviewed and five placed in jobs.

For more information contact:

Mary Quigley
Assistant Commissioner for Demonstration Programs
New York City Department of Employment
220 Church Street
Room 510
New York, NY 10013
(212)433-6740

THE CENTER CITY PROJECT

The Center City Project is a coordinated comprehensive system of services developed by the City of Philadelphia's Office of Mental Health and Mental Retardation to meet the specialized needs of seriously mentally ill homeless individuals. The Project became fully operational in February, 1984. Since that time, program components have been added, refined and modified in order to respond better to the multiple needs of the target client population. The current service network consists of 21 service sites that provide aggressive street and shelter outreach, emergency/crisis intervention services, day programs, and a series of short and long-term residential options for the mentally ill homeless. The Office of Mental Health and Mental Retardation (OMH/MR) maintains the overall responsibility for continuity of care, coordination and linkage of services between component programs. The Center City Project represents a year-round commitment to provide a network of mental health and other support services to the homeless. The project's funding for FY87 will total \$8,275,000 (excluding medical payments for outpatient, inpatient and partial hospitalization). Of that amount, \$3,042,000 is provided with City revenues. The balance of the funding comes from the State of Pennsylvania.

In Philadelphia concerted public and private efforts have been undertaken to identify both the numbers of homeless people and the sub-groups that comprise this population. For example, the Philadelphia Health Management Corporation completed in 1985 an independent study, "The Philadelphia Emergency Shelter Monitoring Project," which estimated the number of homeless persons in Philadelphia to be between 10,000 and 13,000 individuals. The Mayor's Public-Private Task Force on Homelessness, created to oversee the development of short term emergency services and a long-term strategy, divides the homeless into four major sub-groups: single, economically deprived; the chronically mentally ill; families; and substance abusers.

The Task Force estimates that the chronically mentally ill make up 25 percent of the total homeless population. The group of mentally ill homeless is further divided into two categories: older, passive mentally ill people, with a history of institutionalization, who have often been without homes for months or years; and younger, more aggressive severely mentally ill individuals who typically have an extensive history of short-term contact with mental health, social service, and criminal authorities. The younger group tends to be intermittently homeless. The City, through its Center City Project, has responded to the needs of both the older passive and younger aggressive sub-groups with an array of short and long-term services.

Program Services

Overview

The first specialized service established for homeless mentally ill persons as part of the Center City Project was a Specialized Care Facility

(SCF). This intensively supervised residence serves seriously mentally ill persons who are not committable under the State Mental Health Act, but who require a structured treatment program. The Office of Mental Health/Mental Retardation now contracts for two such facilities and for several other Community Rehabilitation Residences for the homeless which utilize services approaches similar to the SCF model. Less structured residences which set few expectations for clients have been developed to provide an "entry" type program for individuals who resist structures and rules. These programs, known as "Respite Care" or "Low Demand Centers," offer services without imposing many rules. They include both residential and day programs. Clients at those facilities are actively encouraged to accept more extensive mental health services and receive assistance in moving into long-term residential settings.

Once a small network of residential and day services was developed, priority was given to the establishment of outreach services. Outreach is now provided by mobile mental health outreach teams and emergency outreach teams. A centralized case management service has also been developed which continuously attempts to improve living conditions and treatment of a caseload of mentally ill individuals who are currently or who were recently homeless. A uniform reporting system, specific to the components of the Center City Project, has been developed and implemented. As a result, this project has a separate computerized data base which is being utilized to support case management activities and serves as a basis for management information and planning.

In 1986, an Emergency Evaluation Center was added to the Center City Project. This medical/psychiatric program, located in a hospital, provides comprehensive evaluation services for homeless mentally ill persons who do not require involuntary psychiatric treatment. This was a particularly valuable addition to the array of services provided by the Project since all other mental health emergency rooms give priority to involuntary examinations. Other service components also were added to the Project, as part of the City's efforts to establish and coordinate municipal responses in winter emergencies.

Specific components of the Center City Project established before 1987, included the following:

Mental Health Intake

Crisis Telephone Service -- Two telephone lines, staffed by the Office of Mental Health/Mental Retardation, operate 24 hours a day, 7 days a week. One line provides direct suicide and crisis intervention services to clients in distress, while the other provides administrative response to requests for involuntary mental health commitments and problems relating to emergency psychiatric examinations and inpatient hospitalizations. The lines provide the central access point and information source for Center City Project services. They assess problems, dispatch assistance and coordinate overall service capacity.

Psychiatric Emergency Centers -- There are seven psychiatric emergency centers, generally located in hospitals, which provide psychiatric

emergency care around the clock, seven days a week. This includes examinations and assessments, crisis intervention, medication, arrangements for inpatient hospitalization, and appropriate follow-up and referral. Approximately 30 percent of the admissions of acute crisis cases involve homeless persons.

Crisis Intervention Unit -- The outpatient division of the John F. Kennedy Mental Health Center was reorganized to include a Crisis Intervention Unit. This unit provides crisis intervention, evaluation and medication services primarily for clients in a catchment area where a large segment of the homeless population tends to wander. The Adult Services Division of the City's Department of Human Services is located in this catchment area and makes extensive use of this service.

Emergency Evaluation Center -- A center for medical and psychiatric evaluation of homeless mentally ill individuals who were not judged to require involuntary treatment was established in cooperation with Einstein-Daroff Hospital. From this program, persons can be placed in inpatient care for health or psychiatric treatment at the Hospital or provided access to mental health residential services. The program can serve up to eight individuals for observation and evaluation and can house another ten persons pending examination, placement, or referral.

Outreach Services

Mobile Outreach Teams -- Operated by a Community Mental Health/Mental Retardation Center, these teams seek mentally ill homeless persons on the street, in shelters, and in other locations with the purpose of assisting them in accessing services such as day programs, mental health care, and residential programs. Case management is provided once services are accepted.

Mobile Emergency Team -- This Team, which is composed of mental health professionals skilled in handling acute mental health crisis and physician's assistants with emergency medical backgrounds, responds to reports of emergency situations involving seriously mentally ill persons. It can provide psychiatric evaluations, medication, and referrals to appropriate services. On-going stabilization is provided through a back-up unit of on-call crisis workers. Approximately 50 percent of all calls for assistance involve homeless individuals.

Winter Emergency Services -- Operated through the combined efforts of four Community Mental Health Centers/Mental Retardation Centers, this effort provides not only emergency outreach during severe winter weather, but also an emergency triage center where patients are taken during a winter emergency. Street outreach teams aggressively seek homeless persons who may be at physical risk due to severe winter conditions and transport those individuals to one of various sites, including a special mental health unit, for treatment and residential placement.

Day Programs

Currently, there are four day rehabilitation programs which are part of the Center City Project. These programs provide a range of activities based on levels of functioning. They are designed to improve personal functioning and self-care skills of severely mentally ill individuals.

Residential Services

Specialized Care Facilities. This program is a highly structured psychiatric setting designed to serve individuals with severe mental disabilities who do not present symptoms that would indicate a need for involuntary psychiatric hospitalization. The two facilities, which generally serve a younger population, are totally funded by the City and can serve up to 50 individuals. They are accessible 24 hours a day through the OMH/MR Crisis Service.

Community Rehabilitation Residences. There are three highly supervised community rehabilitation residences that provide a maximum level of supervision and support to severely mentally ill homeless clients of the Center City Project. Residents must be stabilized and acceptant of a full range of rehabilitation services. As a clients' functioning improves, they are transferred to structured residences. Funding for these programs is provided primarily by the State.

Long-Term Care Residence. Operated by Catholic Social Services, this effort represents a model program which combines City funds for residential living cost and State funds for mental health treatment. The program provides residential, social rehabilitation, and case management services to 24 severely mentally ill women with long histories of mental illness and homelessness. This special program became necessary because many of the homeless mentally ill women in the streets often refuse to go to residences that also serve men.

Residential Placement Services -- Operated by Horizon House, this program provides an array of long-term living arrangements, including boarding homes and single room occupancy hotels. Case management to the client provides long-term support.

Inpatient Services

Inpatient services to homeless mentally ill individuals requiring acute care are provided primarily by the City and its affiliated health care providers. In July 1986, the City developed a special inpatient program with admissions controlled by the Office of Mental Health/Mental Retardation Crisis Service.

Case Management Services

Through a centralized case management/coordinating unit, the Office of Mental Health/Mental Retardation provides oversight of the case management services for all homeless mentally ill persons who are part of the

Center City Project. The unit was established in 1986 with funds from the National Institute of Mental Health. The services provided by this unit vary from limited direct intervention to an administrative case review which focuses upon providing access and maintaining services. The unit has developed a computerized client tracking system which has improved the continuity of care for clients and provides information on service needs for planning purposes.

In addition, three Community Mental Health/Mental Retardation Centers and one specialized agency also have case managers and a defined caseload of the homeless mentally ill persons who are beginning to accept or have accepted established service programs. In 1986, case management was provided to 400 individuals.

Expanded Initiatives for 1987

Several new initiatives have been developed as part of the Center City Project to respond to additional service needs identified by the City Department of Human Services. A significant number of homeless mentally ill individuals who went to the Department's Reception Center for residential placement were screened by a mental health professional stationed at the Center and found to be in need of ongoing mental health treatment and residential support. Many of them, however, refused referrals to the existing hospital-based evaluation center and, as a result, either remained at the City's intake site or returned to the streets. In an effort to relieve overcrowding at the Reception Center and to improve those persons' access to mental health services, new programmatic strategies have been developed to serve more effectively this resistant population. The focus of the new programs has been the creation of a non-hospital based intake point and the development of new residential options. The proposed programs make extensive use of case managers to gradually engage clients at the City Reception until they are placed in long-term housing. The new strategies include the following program components:

Intake

Crisis Specialists -- Mental Health professionals are stationed at the City's Reception Center 24 hours, seven days a week to screen individuals referred by City Social Service workers. Mental health clients are then sent to either the Emergency Evaluation Center or to the Residential Placement Center.

Residential Placement Day Center -- Homeless mentally ill persons referred by the Reception Center are assessed in a non-medical environment at this program. Staff works with clients on long-term placement strategies in a warm, engaging atmosphere. Meals, showers, clean clothes and opportunities for socialization are offered as a means of establishing staff/client relationships. The center is open seven days a week, from 8:00 am to 6:00 pm. The program is expected to serve up to 50 individuals each day.

Residential Services

Short-term Emergency Respite -- This program makes beds available to clients who have not been placed through the Residential Placement Center. When that center closes for the night, individuals who have not been placed are transported to one of two emergency respite sites. The next morning they return to the Placement Center for continued placement efforts.

Placement/Rent Subsidies. Subsidy funds are being used to place homeless mentally individuals in boarding homes, single room occupancy hotels, and shared apartment dwellings. Several placements using "purchase of service" agreements have already been made. One goal of this effort is to spur the development of a wider range of long-term placement options. Mental health agencies with existing boarding home/SRO affiliations are submitting plans to OMH/MR for the use of a portion of these funds. This effort is expected to result in over 100 long-term placements per year.

Long-Term Care Residences. Two new residences, based upon the model developed by the Catholic Social Services, opened in February and March 1987 respectively. The combined capacity for the two sites will total 45. Case management and other mental health support services are provided.

Case Management Services

Intensive Case Management Services to the residents will be available to all clients identified through these new initiatives. Case managers will also support the activities of the crisis specialists at the Department of Human Services' Reception Center and will be responsible for severely mentally ill individuals as they move through the network of Residential Placement Services. Case Management services will be available around the clock at the City Reception Center. The permanent case load for each case manager will build to 25 cases. In addition to the case management unit based at the Placement Center, case managers from the community mental health centers or other specialized agencies will work with clients once they move into long-term housing.

Additional Planned Services

Additional programs for the homeless mentally ill were recently funded and are expected to become operational later this year. The Commonwealth of Pennsylvania is supporting two small residences (15-16 bed facilities) which will increase the residential capacity of the Center City Project. These facilities mark the first "low demand" programs supported by State funds. The National Institute of Mental Health has awarded funds through the Office of Mental Health/Mental Retardation to a local consumer advocacy organization (Mental Health Association) to support the development of consumer outreach and advocacy teams. These teams will coordinate with and expand the capacity of the current outreach teams.

Summary

The Center City Project is a comprehensive, coordinated network of services, developed by the Office of Mental Health/Mental Retardation with the support of Mayor Wilson Goode. It attempts to address the complex needs of the severely mentally ill homeless population using traditional as well as innovative approaches. The population served by this delivery system is heterogeneous and requires different services at different points in time. In Philadelphia a unique set of factors, including a strong and organized advocacy network and a responsive and committed leadership, have enabled OMH/MR to build a system of care that has significantly impacted large numbers of homeless mentally ill individuals. For those vulnerable persons, the programs that make up the Center City Project contain effective approaches to identify and engage them and then begin the process of rehabilitation and transition from the streets to a stable living environment.

Although extensive, however, current resources still fall short of the need. City officials, for example, recognized a major deficiency in the network. While the City of Philadelphia has developed specialized housing options for mentally ill individuals, the need for extended care residences is far greater than the current supply. Philadelphia officials note:

"the problems faced by homeless mentally ill persons are largely related to national trends that are beyond the purview of the local mental health system. Homelessness, first and foremost, comes about as a result of poverty and a shortage of affordable housing. Mental illness exacerbates these situations and increases the risk of homelessness, but is seldom the sole cause. Until the larger issues are addressed in a comprehensive manner, every year new faces will replace those who have been successfully served."

Excerpt from U.S. Conference of Mayors, "Local Responses to the Needs of Homeless Mentally Ill Persons," May 1987.

MCNAY HOUSE

I. ADMINISTRATION

Parent Agency: People In Progress (formerly the Public Inebriate Program)
634 South Spring Street
Suite 400
Los Angeles, California 90014
(213) 622-3520
Contact: Carol A. Nottley, Executive Director

Background of Parent Agency: People in Progress (P.I.P.) was established in 1974 with a grant from the National Institute on Alcohol Abuse and Alcoholism, and was incorporated in 1975 as a 501 (c) (3) corporation. P.I.P. was created as the umbrella agency to link, support, and expand services to homeless alcoholics. The combined efforts of P.I.P. and its affiliates -- The Mary Lind Foundation, Salvation Army-Harbor Light Center, Volunteers of America Alcohol Detoxification Center, and the Alcoholism Center for Women -- have resulted in the coordination of services for homeless alcoholic men and women in the downtown area of Los Angeles.

In 1982, P.I.P. established its first satellite center "CARES" (Community Alcoholism Rehabilitation and Education Services), located in the San Fernando Valley. In 1982, P.I.P. founded the Downtown Traffic School to provide first offender D.U.I. services.

For more than 10 years, P.I.P. has supported the continuum of care concept in a social model setting. Points on the continuum, ranging from entry into the program to reentry into the community, are marked by the following ten levels of P.I.P. services:

1. Civilian Assistance Patrol (street outreach and rescue).
2. Case finding (resource and referral).
3. Drop-In Services.
4. Social Model Detoxification.

5. 30-Day Primary Recovery (residential services provided by affiliating agencies).
6. Secondary Recovery (residential services provided by affiliating agencies).
7. Outpatient.
8. Reentry/Vocational.
9. Public Information and Education.
10. Alcohol-Free Living Centers.

Target Population: The target population of the McNay House is homeless alcoholic men. The majority of the residents are referred through residential alcoholism agencies that service the central planning area of Los Angeles County.

Service Area: The service area of the McNay House is the fifth supervisorial district of Los Angeles County.

Facility Description: Currently P.I.P. maintains a number of AFLCs. The houses are all similar in layout, with large living rooms, two bathrooms, large bedrooms, and fenced yards. P.I.P. has outfitted each house with basic furnishings, as well as cooking utensils, drapes, bed spreads, pictures, and other items to make the houses functional and comfortable. The McNay House accommodates eleven men.

Goal: The goal of the McNay House is to provide a supportive environment conducive to continuing recovery and preparation for independent living within the community.

II. ORGANIZATIONAL ISSUES

Admission: Applicants for residency in the McNay House must have/be willing to meet the following qualifications:

- A history of alcohol and/or chemical dependency.
- A minimum of 3 months sobriety and/or chemical freedom.

- An on-going personal recovery plan.
- Be employed at an entry-level salary of \$12,000 or under, or show evidence of having sufficient income to meet expenses of room and board. People earning more than \$12,000 per year will be considered for residency in special circumstances, i.e., recovery needs or level of financial obligations.
- A desire to live with other recovering people in a shared, sober, family environment.
- Willingness and ability to be responsible for his/her own upkeep, including food, clothing, and personal items.
- Willingness to perform shared housekeeping tasks and participate in house meetings.
- A positive regard for, and acceptance of, other people.
- Payment of rent on a timely basis.
- Compliance with house rules established by the house residents and P.I.P.

Termination: Violation of any of the following seven house rules is considered grounds for immediate eviction from the McNay House:

1. Abstinence from alcohol and mind-altering chemicals will be maintained at all times, both on and off the premises.
2. Guests of residents are prohibited from bringing and/or consuming alcohol and/or mind altering chemicals.
3. Each resident is responsible for his/her payment of rent on a timely basis. If rent becomes two weeks delinquent, it is grounds for eviction.
4. Residents are responsible for their own purchase and preparation of food, cleanup duties, and personal hygiene.
5. Residents will participate in shared household duties as determined by the resident group and/or the house manager.
6. Fighting and/or verbal abuse between residents, residents and neighbors, guests and/or staff is prohibited.
7. Theft and/or willful destruction of the property of others is grounds for eviction.

Maximum Length of Stay: The maximum length of stay at the McNay House is one year.

Responsibilities of Residents: Each resident receives a copy of the house rules and is required to sign an agreement of understanding. An orientation session is provided to explain the rules of the house, household schedules, and community services (including AA meetings).

Under the rules of the house, each resident is responsible for his/her own expenses of rent, food, and personal items. Residents purchase and prepare their own meals, or they may decide to develop a collective agreement to have group meals. Household duties are also shared. Each resident is responsible for his/her own living area, laundry, and personal hygiene. Household tasks, such as yard clean-up, shared areas, and overall maintenance, are equally shared and assigned at the internal residents' meetings.

Each resident has a key to the house, and they are encouraged to participate in outside AA meetings and community activities.

Rent: Residents at the McNay House pay \$185 monthly.

House Rules: The basic seven house rules (see Residents' Requirements for Termination) address overall house and living responsibilities. In addition to these, the residents establish house guidelines for everyday matters such as shopping, food preparation, clean-up, and TV viewing in the weekly residents' meeting. Everyday guidelines may change according to the work and living routines of the current residents, however; house rules may only be changed with the permission of the project's program director and according to established procedures.

Adherence to the everyday guidelines is enforced by the residents, and any conflicts that arise are usually handled in the residents' meetings. Usually, this proves sufficient for the handling of most housekeeping problems. Recurring or more serious infractions are handled by the house manager through established procedures.

Responsibilities of House Manager: The house manager serves as a positive role model for the other residents. P.I.P. has reported that the most effective house managers have been those with more than six months sobriety, a strong personal program of recovery, and knowledge of community resources. When replacement of the manager is necessary, selection is generally made from the current residents. P.I.P. has found that the inclusion of the residents in the process of selecting a new house manager helps to assure cooperation with the replacement.

Duties of the house manager include facilitation of the weekly house meeting, monitoring of daily activities, collection of rent, scheduling housekeeping assignments, orientation of new residents, and reporting of any changes or problems to the parent agency.

The house manager acts as a liaison between the residents and the parent agency and as a liaison between the resident and the community. Close communication is maintained between the house manager and the parent agency. Staff members visit the house, telephone at least once weekly, and are available to the house manager in case of emergencies. The house manager facilitates the weekly residents' meetings and assists in settling minor disputes or housekeeping problems. To help new residents become acquainted with their new community, he will accompany them to AA meetings or local events.

Compensation for House Manager: The house manager receives a reduction in rent for his services at the McNay House.

Professional Staff: During the first year of operation, the time of the following staff members of P.I.P. was expected to be needed: executive director (10 percent of time for two months), executive assistant (10 percent of time for three months), coordinator of CARES (25 percent of time for two months and 10 percent of time for one month), coordinator of case finding (25 percent of time for two months and 10 percent of time for one month), coordinator of reentry (10 percent of time for one month), maintenance helper (100 percent of time for one month), and another maintenance helper (50 percent of time for one month).

On-going Relationship with Parent Agency: The management of P.I.P. believes that it is not necessary to employ additional paid staff for the operation of an AFLC, however; continuing interaction and communication with the parent agency is of the utmost importance. Inadequate interaction leads to high incidence of recidivism, internal house problems, low morale among residents, high vacancy rates, and increased cost of operation.

For these reasons, a designated staff member visits the house once weekly for a short meeting with the house manager and residents, and he submits a weekly report to the executive director of the parent agency. The cost associated with this level of staff involvement is minimal, requiring approximately one hour of staff time weekly. But according to P.I.P., the weekly meetings have contributed to a more stable residency pattern and a higher rate of positive reentry into the larger community among the residents.

P.I.P.'s board of directors receive a monthly report from the executive director on the status of all P.I.P. programs, including the McNay House. All programs are considered to be under the direct supervision of the executive director, while the ultimate responsibility for financial liability and contract compliance rests with the board of directors.

Record keeping and fiscal affairs are the responsibility of the parent agency. Rent is collected by the house manager and turned to the parent agency for a receipt. It is deposited by the program bookkeeper. All expenses connected with the house's operation are paid through the parent agency.

III. FISCAL INFORMATION

Sources of Revenue: All of P.I.P.'s AFLCs are designed to be self-sufficient after the termination of Los Angeles County funding. The primary source of revenue is derived from residents' rent payment. Monthly costs for rent, utilities, and maintenance expenses are estimated to be between \$850 and \$950 per AFLC. Monthly resident rent is approximately \$975 per house for full residency. Any surplus realized goes into the house contingency fund to cover emergency repairs, refurbishing, and resident vacancy.

Budget: The following is a proposed budget for an AFLC from P.I.P.:

INCOME

(First Year)

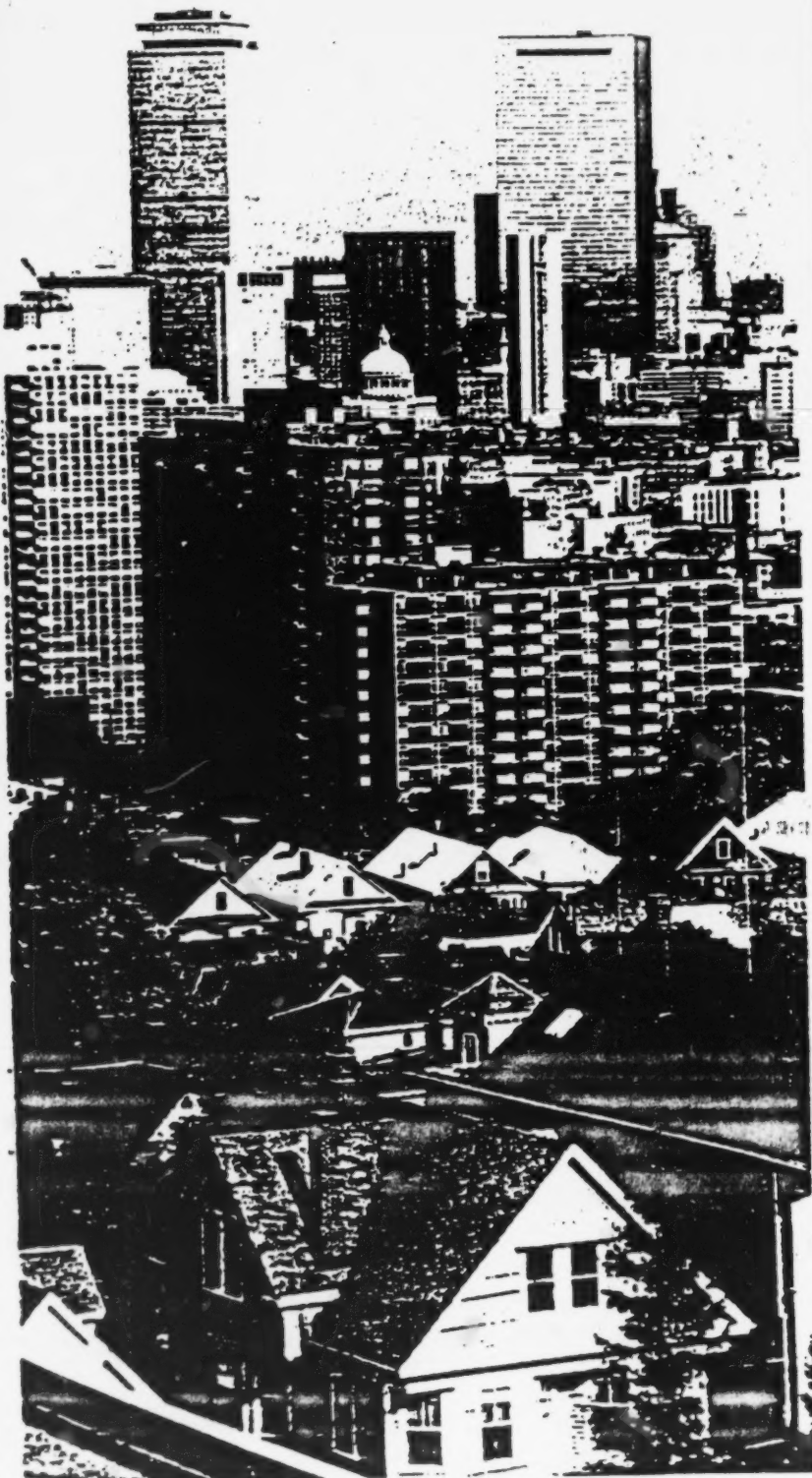
County Allocation	\$48,920
Volunteers	536
Rent Payment	13,500
TOTAL	\$62,956

EXPENSES

(First Year)

Employees and Benefits	\$ 5,025
Services, Supplies, and Depreciation	30,931
Facility Lease	27,000
TOTAL	\$62,956

Excerpt from National Institute on Alcohol Abuse and Alcoholism,
"Alcohol-Free Living Environments for Homeless Individuals,"
October 1986.



LINKAGE

Linkage is a policy designed to share the prosperity of Boston's downtown boom with the city's low- and moderate-income residents.

Last year, the Flynn Administration expanded the linkage program to increase resources for affordable housing, apply the linkage funds more quickly, and expand job training opportunities to bring more Boston residents into the economic mainstream.

The linkage concept was first introduced in 1982 by a coalition of citizens groups and public officials (including then-City Councilor Raymond L. Flynn) with support from the *Boston Globe*. The policy was officially adopted in December 1983 by the Boston Zoning Commission.

The initial linkage formula called for developers of commercial projects exceeding 100,000 square feet to contribute \$5.00 per square foot to a Neighborhood Housing Trust to be used to construct or rehab housing for low- and moderate-income residents. The developers' contributions were to be paid over a 12-year period; the first payment was due two years after the issuance of a building permit or upon the issuance of a certificate of occupancy, whichever came first.

The Flynn Administration approved 18 projects subject to these requirements. Developers of these projects agreed to commit \$36 million in linkage funds for low- and moderate-income housing.

In November 1985, Mayor Flynn proposed, and in February of this year the Zoning Commission approved, a revision of Boston's linkage policy. The linkage fee was increased to \$6.00 per square foot. The payment period was reduced from 12 years to 7 years. The first payment now is expected upon issuance of a building permit. The extra one dollar payment is earmarked for job training programs.

This change reflects an 85 percent increase in the linkage fee, the net present value of payments has increased from \$2.58 per square foot to \$4.78 per square foot in current dollars. Four developments have already been approved under the revised policy, netting almost \$3 million.

In total, the Flynn Administration has approved 22 projects totalling approximately 10 million square feet that have committed \$38.8 million in linkage funds. The first linkage payment is due in April 1987.

In April 1986, the Mayor initiated another change so that linkage funds can benefit neighborhood residents more immediately. Under the new "housing creation regulations," developers are now allowed to make their linkage contribution up-front based on a formula of their expected payments' current value. This money can be used to build or rehab affordable housing.

The developer of the Ingalls Building in the Back Bay has already taken advantage of this option. The \$276,000 in linkage funds will be directed to Fountain Hill Square, a 116-unit condominium project on a 5 acre BRA parcel in the heart of Roxbury. The linkage funds will help developer Richard Taylor increase the low- and moderate-income units from 35 percent to 50 percent of the total project

Several other developers have indicated their interest in utilizing the housing creation option.

Earlier this year, Mayor Flynn appointed the seven members to the Neighborhood Housing Trust, which administers the linkage funds. The seven members are: Larry Dwyer, Nelson Merced, Francis O'Brien, John Connolly, City Councillor Bruce Bolling, Collector-Treasurer George Russell and Mary MacInnes.

Boston's successful linkage program is viewed as a national model for expanding affordable housing in a period of federal cutbacks. Of course, linkage funds cannot fill the huge gap left by Washington's withdrawal from affordable housing and job training. It does represent, however, a serious effort to narrow the gap between Boston's downtown affluence and its low- and moderate-income population.

In 1986, the City overcame a legal challenge to its linkage policy. A Superior Court decision striking down the linkage amendment was overturned on appeal to the Supreme Judicial Court.

INCLUSIONARY ZONING

A centerpiece of the Flynn Administration is the link between economic growth and economic justice. In housing, as in jobs, it is critical that *all* Boston residents benefit from the City's economic prosperity. It was this guiding philosophy, as well as a careful analysis of Boston's strong housing market, that lead Mayor Flynn to propose inclusionary zoning in July, 1986.

During the year, the Flynn Administration closely monitored the City's housing starts. At the mid-year point, the Mayor evaluated the performance of Boston's housing economy. In terms of overall production, the numbers looked good. By the end of June, permits for 2290 units had been approved—two-thirds of the Mayor's goal. Under careful scrutiny, the figures revealed a worrisome gap between private and public development.

In the first six months, 716 units were constructed on City-owned sites; this was 31.3 percent (about one-third) of the total. Of these, 556 units (77.7 percent) were affordable to low- and moderate-income persons. The remaining 1,564 units (68.7 percent of the total) were constructed on privately-held sites. Of these, only nine units (less than one percent) were affordable to low- and moderate-income persons. In other words, city-owned parcels accounted for one-third of all housing starts, but over 98 percent of all affordable housing starts.

Mayor Flynn recognized that most of the housing now under construction, and proposed for future development, is market-rate housing on private land. Most of this housing is beyond the financial reach of even moderate-income families. There is a wide gap between what the private market is providing and what working families can afford. The City has been successful in creating affordable housing on public sites. But the City's inventory is only a small fraction of the developable land and buildings for housing. If the City is to meet the housing needs of Boston's diverse population, the private sector must participate in the solution.

In July, Mayor Flynn proposed an inclusionary zoning policy for the City to expand production of affordable housing. The policy calls for the inclusion of affordable housing for low- and moderate-income residents—equal to 10 percent of the overall development—in private residential projects seeking zoning relief. The policy would apply to developments with ten or more units; rental projects outside downtown below 25 units would be exempt.

In announcing the policy, Mayor Flynn stated that as a result of Boston's extremely strong housing market "we know this (inclusionary zoning) is possible without putting undue burdens on the developers we need to recruit to build this housing." The Mayor noted that the city's housing market created both a crisis and an opportunity.

"The crisis exists in the soaring cost of housing that makes it difficult for low- and moderate-income people to afford a decent place to live. The opportunity exists to share the benefits of Boston's profitable housing market with those long time residents who would otherwise be left behind."

The Mayor's proposal was modeled on successful inclusionary zoning programs in over 100 communities across the country. It was created based on a careful analysis of Boston's housing market to evaluate the financial feasibility of implementing the policy.

Immediately, the Mayor's inclusionary policy met with enthusiastic support from diverse sectors of the community. From state government, Governor Michael Dukakis, EOCD Secretary Amy Anthony, and MHFA Executive Director Marvin Siflinger endorsed the policy and promised to work closely with the Flynn Administration to implement it. The Governor told the *Boston Globe*: "Inclusionary zoning makes sense... Most of the private housing developers I'm talking to say because of the unbelievably inflated rental levels, they're in a position to do some internal subsidizing" of affordable units. The Archdiocese of Boston, Citizens Housing and Planning Association, and Massachusetts Fair Share testified in support of inclusionary zoning at a crowded BRA public hearing July 10. A wide range of neighborhood and religious leaders as well as non-profit development groups also lent their support.

Said Fair Share's Kathy Gorman: "Inclusionary zoning will make sure that those profiting on from Boston's neighborhoods... must bear some of the burden of preserving and expanding the supply of affordable housing."

Professor Rachel Bratt, a housing expert at Tufts University, wrote an article in the *Boston Business Journal* supporting the Mayor's proposal. She explained: "In some ways, inclusionary zoning is a true Republican strategy. It engages the private sector to provide a service that was previously supported by the federal government. In other ways, inclusionary zoning is a true liberal Democratic approach. It fosters public-private partnerships and leverages public powers and resources."

Developers added their voices in support as well. In another *Boston Business Journal* article, developers Morton C. Hodin and Marshall J. Derby wrote that inclusionary zoning "may be the most pro-development alternative available for solving the housing affordability crisis..."

The increased value that results from zoning relief provides the funds necessary to create below-market units."

Developers have supported inclusionary zoning in deeds as well as words, demonstrating the policy's feasibility in the strong Boston market. On their own, developers have volunteered to set-aside 10 percent of their projects for low- and moderate-income housing. Developers of projects in Mission Hill, Allston-Brighton, Roxbury, the North End, Back Bay, Dorchester, and elsewhere have incorporated "inclusionary" units in their developments.

Mayor Flynn's proposal stimulated widespread public discussion. This has helped to clarify and improve the proposal. In 1987, the Flynn Administration expects to move inclusionary zoning from a proposal to an enacted policy.

AFFORDABLE TOWNHOUSES IN DUDLEY SQUARE

Construction will soon begin on Winslow Court, a 24-unit townhouse development on Dudley Street in Roxbury.

The Winslow Court project is one of the many BRA-initiated projects in Roxbury since Mayor Flynn took office. In that period, the BRA has approved or completed 1,555 units of housing, a \$153 million investment, in the neighborhood, half of which are targeted for low- and moderate-income residents. Five hundred units are already started or completed.

The project will provide homeownership opportunities for moderate-income families earning \$25,000 to \$30,000. The developer is a non-profit organization with a long track record of serving the Roxbury community. Opportunities Industrialization Centers of Greater Boston (OIC), a job training center, is branching into housing development for the first time. Cabot, Cabot & Forbes, a large private developer that has worked closely with OIC in its job training efforts, is providing free technical assistance for the \$2 1/2 million Winslow Court project.

Winslow Court will consist of 20 two bedroom and four three-bedroom townhouses. The land was provided by the BRA, which also worked with OIC to obtain a \$360,000 UDAG grant from the federal government. The UDAG will lower the selling price of each unit by \$15,000. The Massachusetts Housing Finance Agency will provide low interest financing for the homebuyers.

At a ceremony announcing the UDAG, Mayor Flynn and Clarence Donlan, OIC executive director, expressed the hope that the Winslow Court development will spur additional affordable housing and commercial development, as well as reduce blight, crime and unemployment.

LOWELL SQUARE—THE LAST WEST END PARCEL

Five developers are competing for the last urban renewal parcel in the old West End. A key component of each proposal is the addition of affordable housing in this key downtown area.

The BRA issued its guidelines in July 1986 for this valuable 1-1/2 acre site, which it has termed Lowell Square. The guidelines called for a mix of retail, hotel, and/or office space, but primary emphasis was given to housing. At least one-half of the housing units must be affordable to low- and moderate-income persons.

The BRA received five proposals. Each development team included either a non-profit group or a minority partner in response to the BRA's guidelines.

The development teams include a joint venture between Beacon Companies and Greater Boston Community Development Corporation; Stapleton Associates/Goldome, teamed up with Rogerson House; a partnership between Housing Economics of Cambridge and the Archdiocese of Boston; H&D Development Company in conjunction with a new non-profit group composed of former West End residents; and A.J. Lane Company of Southborough teamed up with developer Paul May and the National Association of Government Employees.

The proposals range from about 200 to over 400 housing units and include a variety of other uses and designs.

The demolition of the old West End in the 1960s is considered one of the most tragic planning mistakes in the country. Before it was razed, the neighborhood consisted primarily of brick four-to-six story buildings, occupied by low- and moderate-income families as well as a variety of neighborhood retail and food stores. The West End experienced a succession of ethnic groups and reflected a stable, blue-collar neighborhood, described by sociologist Herbert Gans in his study, *The Urban Villagers*.



Housing will soon be constructed on Lowell Square, near Charles River Park

Among the structures built to replace the old West End were the Charles River Park apartments. The Lowell Square parcel adjoins the apartment complex. In contrast to the luxury housing created at Charles River Park, the BRA's plan for Lowell Square is intended to provide housing for a wide range of income groups, with special emphasis on low- and moderate-income families.

The BRA expects to select a team to develop Lowell Square in 1987.

PRIVATE SECTOR VACANT BUILDINGS

The disposition of City-owned property is a key part of the effort to transform abandoned buildings into affordable housing. But as the Flynn Administration discovered, much of the problem is beyond the immediate reach of the City's authority. Most abandoned buildings are not owned by the City, but by private individuals.

When the City completed its inventory of abandoned buildings late in 1984, it discovered that 90 percent of them were privately-owned. About half of these owed back property taxes, some for many years. The other half paid their taxes on time. The inventory helped City officials to ask, and answer, several important questions:

- Who owned these buildings? Local neighbors? Far off speculators?
- If some owners had avoided paying taxes for years, could the City speed up the foreclosure of the tax-delinquent buildings, in order to get them repaired and occupied?

- Why would someone keep a building vacant and boarded-up, but continue to pay taxes on a regular basis? Could anything be done to encourage these owners to renovate these buildings and eliminate the blighting influence on the neighborhood?

The abandoned building inventory revealed that owners of tax delinquent buildings were a varied group. Only a handful of individuals owned more than one or two buildings. Some owners owed only a few hundred dollars in back taxes. Others owed thousands of dollars, accumulated over many years. The most important information uncovered by the inventory was that, in the past, the City had made little effort to either collect the delinquent taxes or obtain the buildings through foreclosure. In fact, on most buildings, the City had not even taken the initial step—petitioning the State Land Court—in the foreclosure process.

The Flynn Administration inherited a cumbersome, inefficient, and time-consuming foreclosure process that made swift acquisition—and rehabilitation—of the large number of tax-delinquent properties impossible.

Tax Delinquent Buildings

There were thousands of tax-delinquent properties in Boston: small vacant lots, large occupied apartment buildings, single-family occupied homes, abandoned buildings. The taxes owed ranged from a few hundred dollars to a few hundred thousand dollars. The City had no priorities or guidelines to determine which tax-delinquent properties it would seek to obtain by beginning the foreclosure process. As a result, many properties with little development potential clogged the state Land Court, while

vacant buildings in dire need of rehabilitation never entered the foreclosure process.

The severe understaffing of the state Land Court created an inordinate backlog of pending cases, most of which would not get resolved for years, if ever. In 1983, for example, the court received about 3,500 foreclosure petitions (1,830 from Boston), but was only able to complete 1,100. The Boston petitions included a hodgepodge of properties, but only a small portion of the tax-delinquent abandoned buildings that littered Boston's neighborhoods.

Beyond the inordinate time it took for the City to obtain a building through foreclosure, it faced an additional delay in getting a building rehabbed. Even after the City took title to a vacant building, the state Land Court, by law, still gave the previous owner an entire year to pay the back taxes to the City. As a result, such buildings stood in legal limbo. In one example, the City sold several deteriorated buildings, obtained through foreclosure, to a neighborhood CDC to rehab for affordable housing. After the CDC began to renovate the structures, the previous owner—seeing the value in these buildings—presented the City with a check for almost \$200,000 to pay the back taxes. The state Land Court ruled that the foreclosure was overturned. Reluctantly, the City took the check—it had no choice.

The Flynn Administration, through the Property Disposition Committee, went to work and took a number of significant steps to correct these problems.

- *First*, based on its inventory of abandoned buildings, the City established a priority system for moving property through the foreclosure process. Vacant, abandoned buildings were given top priority. Buildings

identified by the inventory were put into the foreclosure process. All owners of abandoned buildings were, thus, put on notice: Pay your taxes, or the City will eventually foreclose and renovate your building. (Vacant land that can be assembled into larger parcels for housing development was assigned second place in the priority system).

- *Second*, the City successfully worked for changes in state law reducing the time during which a delinquent owner can attempt to reclaim abandoned housing. The Flynn Administration, and the Boston delegation in the state legislature, filed legislation to reduce the time a previous owner can appeal a foreclosure from one year to 90 days. On January 7, 1985, Governor Dukakis signed this legislation into law at ceremonies in Codman Square.
- *Third*, the city obtained authority to grant tax abatements on tax-delinquent abandoned buildings (one to six units). This would allow low- and moderate-income residents and non-profit groups to quickly rehabilitate a vacant building without inheriting the accumulated back taxes that make renovations much more costly. Previously, anyone who purchased a tax-delinquent vacant building had to request an abatement from the state Department of Revenue, a process that often took years to resolve. With the new authority (provided under the legislation cited above), the City's Assessing Department can assist purchasers of abandoned buildings who require tax abatements to lower rehab costs and provide affordable housing. This is a usually a much quicker path to rehabilitation than the lengthy foreclosure process.

Vacant Buildings, Taxes Paid

Scattered throughout Boston's neighborhoods are only partly "abandoned," buildings. Vacant, boarded-up, targets for arson and crime, they have clearly been abandoned by their owners in one sense. But, when the City sends out its twice-a-year property tax bills, the owners send in their checks—"paid in full." In this sense, the owners haven't abandoned the buildings.

The City's vacant building inventory (now being updated) identified at least 300 buildings in this situation.

Having met the challenge of the disposition of City-owned vacant buildings; and having made significant progress in identifying and renovating tax-delinquent vacant buildings; the next challenge facing the Flynn Administration was developing a strategy for this third category of vacant buildings—privately owned, taxes paid.

To demonstrate his concern, in August 1986 Mayor Flynn joined Wilmot Whitney, Jr., president of the Greater Boston Real Estate Board, in a public appeal to owners of these privately-owned vacant buildings to renovate these properties for affordable housing. The City stood prepared, the Mayor said, to assist these owners by providing low-interest rehab loans, rent subsidies for tenants, and/or low-interest mortgages for first-time homebuyers.

During a street corner press conference in South Boston, Mayor Flynn and Mr. Whitney called on owners to either rehab these buildings into housing or sell them to those who will.

Two vacant buildings stood on the corner where the press conference took place. One was a privately-owned boarded-up building, purchased from the City in 1983 through the old auction process, but never fixed up. The building across the street was sold by the City through the new disposition process and was being rehabilitated into housing.

The City's efforts to rehab vacant buildings are having the desired effects. The City is now getting a steady stream of buildings through the foreclosure process—buildings that are then sold and rehabbed for affordable housing, as described earlier. The foreclosure process through state Land Court is still too slow, but there have been marked improvements in the past two years as the City identifies which properties—abandoned buildings—it wants the most. At the same time, more owners are paying their back taxes, realizing that the City is now serious about foreclosure and that, in Boston's housing market, these vacant buildings are now valuable properties. This, of course, is potentially a double-edged sword. Once these owners pay their delinquent taxes, the City wants them to fix up their buildings, a problem that will be addressed below.

The legislation is working, too. The City now has confidence that once it sells a foreclosed building for rehab, the prior owner cannot reclaim it up to a year later. The City's tax abatement program for abandoned buildings is keeping the Assessing Department busy. The back taxes it forgives to facilitate rehabilitation is more than offset by the addition of new affordable housing and property returned to the City's tax rolls.

BOSTON HOUSING PARTNERSHIP

The Boston Housing Partnership (BHP)—hailed nationwide as a model of local housing innovation—illustrates the success of the Flynn Administration's initiatives to reclaim abandoned buildings. Its ambitious first project—a \$38 million restoration of 700 apartments in 69 buildings, all for low- and moderate-income families—is now almost complete. Over 500 families are already living in their newly-renovated homes.

The BHP is a working partnership between City and state officials, neighborhood-based non-profit Community Development Corporations, and business leaders. A small central staff, funded primarily by City and state grants, provides technical assistance. The CDCs do the hands-on, day-to-day housing rehab—selecting the buildings, purchasing them, hiring architects and contractors, supervising the renovations, and selecting the tenants. The CDCs will also manage the apartments. The private sector plays several key roles: lenders provide financing; foundations provide grants for staffing; developers add their expertise. The state government, through EOCD and MHFA, provides both funding support for CDC staff as well as financing for the renovations and rental subsidies for the tenants. The City government's role includes a variety of efforts: funding for CDC and central office staff; funds to help CDCs purchase buildings from private owners and tax abatements to lower rehab costs; disposition of City-owned buildings for renovation; fast-track processing of BHP projects through the zoning and permitting system.

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The BHP is a complex consortium, borne of necessity by federal housing cutbacks, but it has been successful thanks to the true spirit of cooperation among all the key players. In its short, three-year history, it has been guided by the strong leadership of two pragmatic idealists—William Edgerly and Bob Whittlesy. Edgerly, Chairman of the State Street Bank, has served as BHP chairman since its inception. A hands-on leader, he brought together the city's major banks to participate in the BHP and played an active role in making the many pieces fit. Whittlesy, a veteran of community development and a founder of Greater Boston Community Development (the nation's foremost non-profit housing technical assistance group), serves as BHP's executive director. He supervises the central staff as well as working closely with CDC staffs, banks and government agencies to make the program work.

The key accomplishment of the BHP's first project—beyond the actual rehab of 700 apartments—is its success in expanding the capacity of CDCs to undertake major development projects. By pooling resources and sharing expertise, the BHP has provided these non-profit groups with unparalleled experience that will make future projects easier.

Boston now has the most extensive and sophisticated network of non-profit community-based housing groups in the nation. These groups, committed to providing affordable housing, started out as fledgling organizations. Some of their earliest projects never got off the ground or faced enormous obstacles. Through the BHP umbrella, the more experienced groups helped the newer ones learn the ropes. Groups that had only tried small rehab projects in the past moved on the larger renovation projects; some are now undertaking new construction. Moreover, the success of these non-profit CDCs have inspired other non-profit groups, outside the BHP umbrella, to initiate development projects.

BOSTON HOUSING PARTNERSHIP PROJECTS - PHASE I

Codman Square HDC (80 units)
Dorchester Bay CDC (58 units)
Fenway CDC (20 units)
Allston/Brighton CDC (20 units)
Fields Corner CDC (76 units)
Mission Hill NHS (74 units)
Lena Park CDC (93 units)
Quincy Geneva HC (101 units)
Roxbury/North Dorchester
Neighborhood Revitalization Corp.
(96 units)
Urban Edge (82 units)

ENCLOSURE #12

Homeless Family Strategy

Prepared by the Department of Community Development
and Human Services Strategic Planning Office



August 1987

Introduction

Seattle considers itself a family oriented community. Even with a decrease over the past two decades in families with children as a proportion of overall population, Seattle has maintained strong neighborhoods with a heterogeneous mix of types of households and ages. Many families are moving into and staying in the city.

In the past few years there have been increasing efforts to make Seattle more livable to families. This is reflected in the significant increase in City youth-oriented programs, the creation and activities of KidsPlace, and the recent creation of the Family and Youth Commission. At the same time, the number of both children within families and emancipated youth who are homeless has increased within King County and particularly within the city.

A homeless family is defined by the City of Seattle as one or more adults taking care of one or more dependents. In Seattle a homeless family is likely to be a minority, female-headed household, the adult between the ages of 25 and 44 years, with two children under 11 years of age. They are most often from King County, are unemployed, currently have little or no income Aid to Families with Dependent Children (AFDC) is the most common type of public assistance used by families), and may have substance abuse problems. This typical family has become homeless because of income-related problems, abusive situations or eviction/displacement.

While fewer in number, two-parent households are increasing among the homeless. Parents in these families are young (between the ages of 25 and 44) and have one to three children, with half under the age of five years.

Families have more difficulty finding adequate shelter and living arrangements than do single people. They do not have the options of less expensive SRO (Single Resident Occupancy) and studio apartments and are less able to double up with other adults. On incomes below 50% of the SMSA median (\$14,950 for a family of three; \$16,600 for a family of four), families must find larger living quarters than singles - a housing type that is more expensive and less available. The demand for larger units of affordable housing (including public housing) far exceeds current supply. Additionally single-parent and even two-parent families may face discrimination in the housing market, further restricting their choices for affordable housing. Although their housing difficulties are greater, homeless families are less visible than single adult homeless people, making the extent of homelessness among families not as easily seen or defined.

Approximately 500, or 35%, of the total 1,453 emergency shelter beds in the city as of the end of 1986 were available to families with children: over 250 beds for one- and two-parent families, 215 beds for single women and female heads of household with children, and 34 beds exclusively for abused women and children. These are provided in 15 shelters, eleven of which are funded substantially by the City. Most of these programs serve single women as well as women and children, so the proportion of beds available to families varies from week to week. Most programs provide shelter in a single group facility or in an apartment building or complex. Non-facility-based programs use vouchers that allow families to stay in designated local hotels/motels. Approximately 101 of the total 500 beds are provided to families and single women through voucher programs.

Turnaway statistics, which measure those who seek shelter but are turned away, show that there are many more families seeking shelter than can be accommodated. These counts are an "overall indication of demand, useful in identifying trends in total demand for emergency shelter." (1986 King County Emergency Shelter Update Homelessness Revisited, p.32) From 1983 to 1985 the total number of people seeking shelter increased steadily. At the same time, the supply of shelter beds increased significantly but did not keep pace with demand. In 1983, 38% of homeless women were served (575 out of 1,513); in 1985, 32% were served (666 out of 2,067). In 1983, 27% of children were served (658 out of 1,777), but in 1985 only 15% were served (327 out of 2,112). These statistics, while for all of King County, reflect that our local capacity for sheltering women and children has not increased enough to reduce the number turned away. These statistics also reflect the number of families who are not served by the shelter system but need access to emergency services. The Homeless Family Strategy is based on the City of Seattle's commitment to the basic rights of food, shelter and clothing for all families. It is also based on a strong belief that children are indeed our greatest "natural resource" - that no child should be deprived of basic necessities and of the opportunity for a safe and healthy life.

Assumptions outlined below reflect the knowledge gained from research on homeless families and on current economic and political realities.

*The following statistics are based on a survey of 24 emergency shelters and interviews with 351 shelter clients, undertaken for the King County study in 1985.

Assumptions:

1. Homelessness is a growing national problem.
2. Homeless families and children make up an increasing proportion of the population, both locally and nationally.
3. The main causes of homelessness among families are systemic. They stem from the economic structure, poverty and racism and particularly affect women and children of color.
4. The longer people (including children) are homeless, the more dysfunctional they become.
5. Until families are housed adequately in permanent housing their overall stability is at risk.
6. The current lack of a strong federal role (especially in the production of low-income housing) will not change significantly in the foreseeable future.
7. The State's policies and programs serving low-income families are changing (e.g. Family Independence Program). While policy changes are not yet clear, more state funds will be available to serve this population in the near future.
8. Seattle has developed a strong emergency shelter services system that should be the foundation for the City's Homeless Family Strategy. Gaps in this system include cultural, language and physical accessibility and must be addressed.

Goals

1. Prevent the occurrence of homelessness among families.
2. Minimize the length of time any family or child is homeless, once homelessness has occurred.
3. Minimize the impacts of homelessness on children by placing a high priority on the needs of children and youth throughout all public and private systems of care.
4. Meet the needs of culturally different families throughout all systems providing assistance to homeless families.
5. Assure that all children in our community have a permanent home by placing a high priority on the housing needs of homeless families.
6. Develop a comprehensive community system of services to deal with the multiple needs of all members of at-risk families and homeless families from the initial emergency response until they are stabilized.

The policies and strategies for homeless families are organized within four categories: prevention, emergency response, transition, and stabilization. As described by Nancy Kaufman (Housing the Homeless, "Homelessness: A Comprehensive Approach," pp. 335-345), all attempts must first be made to prevent homelessness. Once homelessness occurs, service strategies must deal with the crisis of homelessness, provide intensive support through a transition period, and continue support during a period of stabilization. Housing, employment and support services are key components in each of the four categories. Continuity of both housing and support services is essential as homeless families move from one phase to the next. Homeless families will have a greater likelihood of achieving long term stability and self-sufficiency if services are provided with such continuity and breadth.

I. PREVENTION PHASE

The most effective strategy for dealing with homelessness is to prevent its occurrence. Homelessness is traumatic and has long term negative impacts on both adults and children. It does not occur suddenly, without warning, but usually is the result of a series of losses, failures and longer term problems. Prior to a precipitating event that causes actual homelessness, most families are "at risk." This means they do not have stable situations, either economically or personally. Thus they are at risk of losing their ability to function independently and of becoming homeless. As is true with many societal problems, preventing homelessness is more cost effective and most beneficial to those affected. Therefore our first strategy must be to prevent people from becoming homeless.

The City of Seattle already does a great deal to help low-income families and youth. The specific proposals in this strategy seek to strengthen and focus these efforts to help those at-risk of becoming homeless, particularly through increased outreach in the community.

A. HOUSING

Affordable, permanent, low-cost housing is a key element in both preventing and correcting homelessness. Without a place to live, neither individuals nor families can cope effectively with meeting other needs. The need for a permanent home is particularly crucial to the functioning of families -- to the parents' need to provide for their children's needs, and to the children's need for stability. Increasing the supply and availability of permanent housing to at-risk and homeless families must be a high priority to local government and the community.

The amount of affordable housing in Seattle has decreased in recent years, due to conversions, upgrading and demolition. Unsubsidized rental units are mostly small studio and one bedroom units so are not appropriate for families. Low vacancy rates in larger units have driven up prices and put much of it out of reach for low-income families. Out of 14,461 subsidized housing units in the city in 1985, two-thirds were studios and one bedroom apartments. According to the 1986 Housing Needs Assessment (City of Seattle, Department of Community Development), approximately one quarter of subsidized units are suitable for small families, and less than a tenth are suitable for large families. Waiting lists for subsidized housing units are long; and use of Section 8 certificates is even more difficult because many areas of the city have very low vacancy rates.

While we have nearly met the need for low-income housing for the elderly, we are far short of meeting the housing needs of low-income families. The Housing Levy, passed in 1986, will help, but will not meet the need for low-cost housing for families.

POLICY: Assure an adequate supply of safe, decent low-cost housing in Seattle and King County for low-income populations, particularly for families.

Strategy:

- A-1 Work with Seattle Housing Authority (SHA) to:
 - 1. Market aggressively the Section 8 certificate program to enable low-income families to rent housing in all Seattle neighborhoods. (Advocacy)
 - 2. Develop an early intervention/prevention strategy to reduce the number of evictions in SHA housing. (Advocacy)
 - 3. Provide exemptions from rent increases for up to one year after a resident's income goes up after first getting a job. (Advocacy)
- A-2 Continue and expand mortgage assistance and rent assistance programs to low-income homeowners and renters.

Support continuation of King County's funding of housing counseling programs. Assure that these services are available to people in subsidized as well as unsubsidized housing. (Funding: maintain and expansion, Advocacy)

- Encourage landlords to allow low-income households to pay first and last months rent and deposits on an installment basis. (Advocacy)

- A-3 Assist SHA in its effort to tie Section 8 certificates and vouchers to units dedicated to low-income families, rather than to individual families in order to establish a more permanent affordable housing resource in Seattle. (Advocacy)
 - A-4 Encourage King County to continue to identify housing needs of low-income families in the county and to implement housing programs identified in the King County Housing Assistance Plan. (Advocacy)
 - A-5 Work with the Washington State Housing Finance Commission to contact developers using tax exempt multi-family funds. . Encourage them to develop mixed-use housing and forge partnerships with non-profit housing developers and/or non-profit human service providers to create additional low-cost family housing. (Advocacy; Coordination)
 - A-6 Explore/develop a proposal for a statewide 1% for housing as a new source of funds for low-income housing. Work with housing advocates, local legislators, and housing developers to explore fund sources such as revenues from alcoholic beverage sales, lottery revenues or revenues derived from development. (Advocacy)
- Work with King County, SHA and other supporters of the State Housing Trust Fund to identify and secure additional sources of funding for the trust fund; support its immediate implementation. (Advocacy; Coordination)
- A-7 Encourage the Seattle School District to require that a portion of surplus property within established or redeveloping residential neighborhoods be dedicated to family housing that is affordable to low and extremely low income households. (Advocacy)
 - A-8 Explore overlay zones and other land use mechanisms that would allow mixed residential development and higher density as local options for neighborhoods to foster the development of more low-cost housing. (Policy, advocacy)
 - A-9 Work with King County and United Way to develop regional cooperation in programs to prevent homelessness among at-risk families. This should include, but not be limited to, a housing information network with a low-income housing bank for use by social service providers and low-income households. (Coordination; advocacy)

B. SUPPORT SERVICES

There are many low-income families who are perilously close to becoming homeless. Preventing homelessness among these families takes not only affordable housing and jobs, but access to a variety of support services. The pressures of poverty may cause or be caused by factors such as alcoholism,

drug abuse, domestic violence cultural or language differences, physical or mental health problems. The provision of services must be proactive, with an emphasis on outreach to both adults and children and youth who are very low-income.

POLICY: Strengthen and target services to low-income, at-risk families to help them maintain and stabilize their living situation and to more effectively prevent homelessness.

POLICY: Provide stronger support services for at-risk children, recognizing their special needs.

POLICY: Develop and expand the Health Department's role in preventing homelessness in Seattle and King County.

Strategy:

- B-1 Increase before- and after-school care and summer programs to serve more low-income, school-age children. Build on existing programs at YMCA, YWCA and City recreational centers. Continue to expand day care programs targeted to at-risk children. (Funding: program expansion.)
- B-2 Expand City funded community-based services for at-risk youth, including family reconciliation services. Services should be culturally and linguistically appropriate. Case managers should be linked to schools. (Funding: expansion)
- B-3 Expand and target the City/County Public Health Nursing program to provide outreach/intervention to at-risk families (including families who have been homeless), with particular attention to mental health and drug/alcohol related problems. Develop a set of indicators to be monitored by the PHN's. Use assessments to link clients with City and County programs, area health care providers, DSHS -- to identify potentially at-risk families and intervene to prevent homelessness. (Funding - expansion; policy)
- B-4 Increase the use of Health Department clinics by low-income residents of Seattle and King County (through referrals by PHN's, marketing in schools, through social service agencies, etc.). (Coordination; advocacy)
- B-5 Increase Health Department resources to investigate and provide treatment/referrals for child abuse among families, to be coordinated with Child Protective Services (1988 budget request). (Advocacy; coordination)

- B-6 Work with Seattle Public Schools to strengthen ties between school nurses and public health nurses and clinic programs. Consider City contribution to school nurse program to increase its capacity to serve at-risk children. (Funding; coordination).
- B-7 Expand tutoring programs in schools with special attention to at-risk students. Continue and expand City's tutoring program with the Seattle Public Schools and expand to other governmental agencies. (Coordination; Funding - 1988 Budget request Coordination; Advocacy)
- B-8 Assess barriers low-income people have in obtaining adequate health care services; make recommendations for actions to help overcome these barriers (language, transportation, location of services, etc.) (Advocacy; coordination)
- B-9 Work with SHA to:
 1. Develop on-site alcohol/drug and mental health programs for families in public housing (work with King county and provide agencies to develop and operate such programs). (Advocacy)
 2. Monitor and possibly expand to other SHA family housing the parenting skills program that is being undertaken on a demonstration basis in the garden communities. (Advocacy)
 3. Explore with local financial institutions provision of a financial management/counseling service to SHA residents. (Advocacy)
 4. Increase special programs for children living in SHA family housing: after school activities, conflict resolution and other interpersonal skills, and job programs that provide service to SHA tenants on SHA property. (Advocacy; Coordination)

C. EMPLOYMENT/INCOME

After housing, lack of employment and income is the most commonly cited cause of homelessness. Wage earners in many low-income "at-risk" families are in marginal jobs or can't find jobs at all. They may have obsolete or inadequate skills, the latter is a particular problem with female heads-of-household and teen parents.

Local government must take a firm, proactive role in increasing job training and education and job development within the community.

POLICY: Through strong public-private sector cooperation, expand employment opportunities within the community for low-income people, targeting female heads-of-household and teen parents.

Strategy:

- C-1 Lobby the state legislature to increase welfare payments to very low-income families to compensate for the higher cost of family housing. Seek exemptions (up to one year) to prevent loss of benefits when people first become employed. Work with DSHS and other jurisdictions to accomplish this. (Advocacy, coordination)
- C-2 Work with the State and County and the Fair Budget Action Campaign to assure that welfare reform (State and federal) does help people become economically self-sufficient, through job training and placement and provision of key support services such as childcare. Consider development of an alternative strategy if no welfare reform is passed in this legislative session. (Advocacy)
- C-3 By 1988 review City economic development policies and programs; whenever possible target to assist low-income/homeless people. Encourage King County and other local jurisdictions to take similar actions. (Policy; coordination; advocacy)
- C-4 Develop a City program to train and employ low-income heads-of-household within City government and other public agencies. Work with unions to target at-risk/low-income people for apprenticeships and jobs. (Funding-new; Coordination)

Explore job training and education for people in minimum wage jobs, especially for female heads-of-household, to increase their wage-earning power. Work with PIC to target this population. (Coordination; Funding - pilot program)
- C-5 Continue and expand projects such as Project Self Sufficiency (PSS) and Metrocenter's employment program and for young single mothers. Both programs provide intensive job and support services to low-income, at-risk female heads-of-household. They have been successful in training and placing these participants in jobs that provide economic self-sufficiency and contribute to long term stability. (Funding - expansion)
- C-6 Work with Metro to explore transit pass subsidies and/or vouchers for eligible low-income/at-risk heads of household, such as residents of SHA housing and others identified through City programs. Seek cooperation from employers, training and educational institutions, and DSHS to contribute to such discounts for low-wage employees and clients. (Advocacy/coordination)

- C-7 With City and County utilities, develop a program to help low-income tenants and homeowners pay combined utility bills (water, garbage/sewer) when such assistance is needed to stay in their homes. Replicate City Light programs to the extent possible, that pay bills of those who cannot afford them. Implement the proposed Water Lifeline Project in 1988. Operate through DHR's Energy Assistance Program (Advocacy; Funding: new program)
- C-8 Lobby for a federal minimum wage increase. (Advocacy)
- C-9 Support and lobby for Family Support Law Reforms that seek to stabilize child support payments. Work with advocacy groups such as Evergreen Legal Services to encourage these reforms. (Advocacy)

D. INTERGOVERNMENTAL COORDINATION

Homelessness is a complex regional problem that involves several jurisdictions as well as numerous departments within jurisdictions. Coordination within and among agencies and jurisdictions is important to the success of this strategy.

POLICY: Establish interdepartmental and intergovernmental coordination and cooperation to develop and fund a comprehensive response system for homeless and at-risk families.

Strategy:

- D-1 Coordinate City resources and funds that go to the emergency shelter/services system and to programs that serve at-risk families, children and youth. (Coordination)
- D-2 Establish Regional Task Force with King County, United Way, Seattle Housing Authority, the Housing Authority of King County and other appropriate agencies to coordinate prevention, emergency and follow-up services to at-risk and homeless families in Seattle and King County. Include coordinated, uniform data collection and reporting, coordination of funding policies, cooperative referral services and lobbying for state and federal legislation to help homeless families. (Coordination)

ENCLOSURE #13

PROPOSAL TO MEET THE HOUSING NEEDS OF
LOW-INCOME, NON-ELDERLY, CHILDLESS PERSONS

EXECUTIVE SUMMARY

BACKGROUND

This is a comprehensive plan for addressing the housing needs of low-income, non-elderly, childless persons. The plan was prepared by staff from four governmental jurisdictions: the City of Minneapolis, Hennepin County, the City of Saint Paul, and Ramsey County. It has been approved by both city councils and both county boards. The plan focuses primarily on increasing the supply of decent, affordable housing for the target group, but also envisions provision of related human services where appropriate.

The impetus of the plan is a deep concern over the housing problems of the non-elderly, childless, low income person. This target group has traditionally been ineligible for the federally-funded housing subsidy programs. These federal resources have been focused on elderly persons or families with children, as illustrated by the table below:

TABLE 1
SUBSIDIZED HOUSING BY HOUSEHOLD TYPE

	Estimated Number of Low Income Households In Minneapolis and Saint Paul - 1984	Number of Federally Subsidized Housing Units of All Types - 1983
Elderly	30,494	12,095
Families with Children	26,228	12,363
Non-Elderly, Childless	43,292	-0-
TOTAL	100,014	24,458

In recent years, there have been important political and economic changes that have aggravated the housing problems of the target group. These factors include (1) a fundamental restructuring of the national economy resulting in a reduction in unskilled jobs, fewer opportunities for manual labor, and a shift from full-time to part-time jobs; (2) an increase in the number of non-elderly, childless persons living in poverty and a reduction of federally funded benefits; (3) a decrease in the supply of affordable housing available to the target group; (4) deinstitutionalization of mentally-ill persons; and (5) an increase in homelessness.

In order to respond effectively to the serious and increasingly visible housing problems of the target group, the four affected governmental jurisdictions have devised this coordinated, comprehensive plan. This kind of cooperation is necessary because neither the cities nor the counties have the proper match of resources and legal authority to deal independently with the problem. Therefore, city-county cooperation is the first key step. However, public cooperation alone is not sufficient. The cities and counties must also have support and assistance from the private sector. Thus, this plan envisions a new public-private partnership.

WHO WOULD BE SERVED

The target population is very diverse. It includes at least three general categories: (1) Persons whose problems are pri-

marily social; economic problems are secondary. These persons require considerable support and supervision. (2) Persons whose lives are in transition, usually to a greater degree of self-sufficiency, and (3) Persons whose problems are primarily economic; social problems are secondary. These people are capable of living independently. This plan attempts to address the housing needs of all these subgroups.

Similarly, the housing problems among the target group are diverse. This plan attempts to respond to a broad spectrum of these problems. Thus, it is intended to help persons living in substandard housing, persons paying too high a proportion of their income for housing, persons who are in danger of losing their homes, and persons who are literally homeless. The plan is intended to address underlying causes of housing emergencies by increasing the supply of housing and by providing human services to homeless persons in a way that provides opportunities for long-term solutions.

SPECIFIC PROGRAM PROPOSAL

The program outlined below provides assistance in conjunction with 880 housing units. It would be implemented in two phases over a three year period at a total cost of \$8,550,000. The cities and counties have identified sources for \$2,682,500 of the necessary funds, leaving a funding gap of \$5,867,500. Of this total amount, \$2,730,000 would be needed in phase 1 (1/1/86-11/30/86) and \$3,137,500 would be needed in phase 2 (12/1/86-

5/30/88). The specific elements of the program are outlined below and summarized in Tables 2, 3 and 4 on pages 55 through 57.

1. Development of New SRO Units (Single Room Occupancy)

Each city proposes to begin a program to develop single room occupancy units (SRO's). Minneapolis proposes to develop at least 50 units; Saint Paul proposes to develop at least 40. This housing is intended to serve individuals who are able to live independently but whose income/financial resources limit the amount rent that they can afford to \$135-\$175/month. Occupants would include minimum wage or part-time workers or individuals living on low, fixed incomes, such as Supplemental Social Security (SSI) or General Assistance (GA). The development cost of each of these units is estimated to be \$30,000/unit; they would consist of 180-220 square feet, a shared bath, and shared kitchen facilities.

In order for the SRO units to be affordable to the target population, it will be necessary to seek outside funding/financing for the capital costs associated with the units. Rents then would be used only to cover the monthly operating costs.

2. Preservation and Rehabilitation of Existing Single Room Occupancy Facilities

Both Minneapolis/Hennepin County and Saint Paul/Ramsey County are including a program element aimed at preserving

and improving existing SRO buildings currently serving the target population. This program element would involve several specific activities. The cities will inventory all present facilities and identify the building's condition, ownership situation and likely future. This will establish a basis for determining a comprehensive preservation strategy.

The second activity will be to develop a rehabilitation loan fund earmarked for buildings currently occupied by the target group. The cost of this portion of the project is expected to be approximately \$10,000 per unit and involve 100 units of housing in each city.

3. Transitional Housing

Transitional housing not only provides shelter for homeless people but also offers the organized delivery of social services.

Hennepin County proposes to expand its supply of transitional housing by 50 units. These would not be built new. Rather, the County would contract with private agencies which currently operate transitional housing programs and which lease privately-owned housing units for their clients.

The Saint Paul/Ramsey County plan envisions the development of 40 new units to be owned and operated on a long-term

basis by a non-profit entity either as transitional housing or as permanent low-cost housing. Staff has recommended this approach rather than a leasing model because it offers the longer term benefits of increasing the number of units in the community and of being convertible to permanent SRO living units, at a later date.

4. Improved Board and Lodging Facilities (Minneapolis/Hennepin County)

In Hennepin County, many very low income persons live in privately owned board and lodging facilities. Many of these residents have an impaired ability to function independently. For those persons who receive public assistance, the county certifies board and lodging facilities and negotiates a monthly rate (currently \$359.00), which is paid through General Assistance funds. This plan includes a multi-year capital improvement program for upgrading and developing board and lodging facilities; these facilities would contain a total of 500 beds. The program would establish a loan and grant fund available to owners of existing board and lodging facilities and would finance some new facilities in suburban locations.

CONCLUSION

The cities and counties are requesting that foundations or other private donors support this plan by providing assistance to fill

the funding gaps identified in Section IV. A staff committee would be formed to assure coordinated administration of all program elements. The committee would include representatives of the Minneapolis Community Development Agency, the Saint Paul Department of Planning and Economic Development, each county, and the Family Housing Fund. The cities would use the Minneapolis/Saint Paul Family Housing Fund as a vehicle to implement the capital portion of the overall program. The Fund, a 501(c)3 corporation, would act in a fiduciary capacity to receive and distribute private philanthropic funds in a manner consistent with the proposal.

The cities and counties believe this proposal represents a unique and unprecedented amount of cooperation among public bodies. The willingness of the private sector to work together and join a new public-private partnership is now the key ingredient in the program's success. This involvement would not only assure the program's implementation, but would also transform a local initiative into an example of community concern that would serve as a national model.

Excerpt from City of Minneapolis, City of Saint Paul, Hennepin County and Ramsey County, "More Than Shelter: Joint Plan to Meet the Housing Needs of Low Income, Childless, Non-Elderly Persons: A Response to the Problems of Homelessness," September 1985.

TABLE 2
A COMPREHENSIVE TWIN CITY PROGRAM TO
MEET THE HOUSING NEEDS OF LOW INCOME PERSONS
WHO ARE NON-ELDERLY AND CHILDLESS

MINNEAPOLIS

Program	Population Served	# of Units	Program Costs	Likely Source of Funds	Comments
1. Single Room Occupancy (SRO) Development (New Construction or Rehabilitation of Vacant Buildings)	Capable of Independent Living	50	\$1,500,000	Other sources: \$1,500,000	Would involve long-term loans that have no monthly payments and balloon far into the future. Ownership by non-profit entity.
2. Preservation and Rehabilitation of Existing SRO units	Capable of Independent Living	100	\$1,000,000	Other sources: \$ 600,000 City: \$ 400,000	This program would involve blending city and private donor loans to achieve an attractive, affordable blended rate; would be available for rehabilitation loan to existing owners or purchase/rehabilitation by non-profit sponsor
3. Expansion of Existing Transitional Housing Programs	Require Extensive Support Services	50	\$ 450,000	Other sources: \$ 330,000 County: \$ 120,000	These funds would allow county to contract with private lenders to lease and operate 50 additional transitional housing units for 3 years.
4. Create or Upgrade Board and Lodging Facilities	Require Some Supervision and Support Services	500 Beds	\$1,750,000	Private: \$ 875,000 Other sources: \$ 437,500 County: \$ 296,875 City: \$ 140,625	This would involve rehabilitation assistance to upgrade existing facilities - incentive is a guaranteed, long-term payment from County. City, county and donor funds would be blended with private loans.
TOTAL		200 Units 500 Beds	\$4,700,000	Other sources: \$2,867,500 County: \$ 416,875 City: \$ 540,625 Privates: \$ 875,000	

TABLE 3
A COMPREHENSIVE TWIN CITY PROGRAM TO
MEET THE HOUSING NEEDS OF LOW INCOME PERSONS
WHO ARE NON-ELDERLY AND CHILDLESS

SAINT PAUL

Program	Population Served	# of Units	Program Costs	Likely Source of Funds	Comments
1. Single Room Occupancy (SRO) Development (New Construction or Rehabilitation of Vacant Buildings)	Capable of Independent Living	40	\$1,200,000	Other sources: \$1,200,000	Would involve long-term loans that have no monthly payments and balloon far into the future. Ownership by non-profit entity.
2. Rehabilitation of Existing SRO's	Capable of Independent Living	100	\$1,000,000	Other sources: \$ 600,000 City: \$ 400,000	This program would involve blending city and private donor loans to achieve an attractive, affordable blended rate; would be available for rehabilitation loan to existing owners or purchase/rehabilitation by non-profit sponsor.
3. Construction of New Transitional Housing Facilities, Provision of Related Social Services	Require Extensive Support Services	40	\$1,650,000	Other sources: \$1,200,000 State: \$ 450,000	This could be one building or 2-3 small facilities; people would be helped to achieve independent status through job counseling and other services. Non-profit owner and operator, probably located downtown or near downtown. Could be converted to long-term SRO.
TOTAL		180 Units	\$3,850,000	Other sources: \$3,000,000 City: \$ 400,000 State: \$ 450,000	

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TABLE 4
PHASING PLAN PRIORITIES &
TIMETABLE FOR IMPLEMENTATION

Phase 1
January 1, 1986 - November 30, 1986

<u>Program</u>	<u>Minimum # of Units</u>	<u>Program Cost</u>	<u>Likely Source of Funds</u>
1. Single Room Occupancy (SRO) Development		\$1,500,000	Other Sources: \$1,500,000
Minneapolis	25		
Saint Paul	25		
Total	50		
2. Preservation and Rehabilitation of Existing SRO Units		\$ 500,000	Other Sources: \$ 300,000 City: \$ 200,000
Minneapolis	50		
3. Transitional Housing		\$1,275,000	Other Sources: \$ 930,000 Hennepin County: \$ 120,000 State: \$ 225,000
Minneapolis/Hennepin County (leased existing)	50		
Saint Paul/Ramsey County (new development)	20		
Total	70		
PHASE 1 TOTAL	170 Units	\$3,275,000	Other Sources: \$2,730,000 City: \$ 200,000 County: \$ 120,000 State: \$ 225,000

Phase 2
December 1, 1986 - May 30, 1988

<u>Program</u>	<u>Minimum # of Units</u>	<u>Program Cost</u>	<u>Likely Source of Funds</u>
1. Single Room Occupancy (SRO) Development		\$1,200,000	Other Sources: \$1,200,000
Minneapolis	25		
Saint Paul	15		
Total	40		
2. Preservation and Rehabilitation of Existing SRO Units		\$1,500,000	Other Sources: \$ 900,000 City: \$ 600,000
Minneapolis	50		
Saint Paul	100		
Total	150		
3. Transitional Housing		\$ 825,000	Other Sources: \$ 600,000 State: \$ 225,000
Saint Paul/Ramsey County	20		
4. Create or Upgrade Board & Lodging		\$1,750,000	Other Sources: \$ 437,500 City: \$ 140,625 County: \$ 296,875 Private: \$ 875,000
Minneapolis/Hennepin County	500 beds		
PHASE 2 TOTAL	210 units 500 beds	\$5,275,000	Other Sources: \$3,137,500 City: \$ 740,625 County: \$ 296,875 State: \$ 225,000 Private: \$ 875,000
GRAND TOTAL	380 units 500 beds	\$8,550,000	Other Sources: \$5,867,500 City: \$ 940,625 County: \$ 416,875 State: \$ 450,000 Private: \$ 875,000

A COMPREHENSIVE SERVICE SYSTEM FOR HOMELESS FAMILIES

Introduction

A number of public and private services currently exist for homeless families in the District of Columbia. The majority of these services have been designed to provide emergency shelter and food to families while they are homeless. Much less emphasis has been placed on preventing homelessness and on providing the transitional services, including housing, ongoing counseling, case management and support services that many of these families need to resolve the complex issues that often contribute to or accompany homelessness and which are necessary to stabilize families in permanent housing.

While some homeless families are only in need of emergency housing, a large and growing number experience numerous problems including depression, chronic financial mismanagement, child abuse and neglect, and alcohol and drug abuse that limit their ability to function independently. In addition, many of these families have limited education and skills which reduce their chance of securing employment that will provide them with enough income to become self-sufficient. The effects of homelessness on children is also of paramount concern.

It is clear that changes are needed in the current service delivery system for homeless families. What follows is a proposed model service system for those families. While it is clear that it will not be possible to develop this system in its entirety in the near future, it is feasible to lay out a plan and begin a transition process that will allow for the gradual development of a system that will be more responsive to the needs of some of our most vulnerable families.

Prevention

Current prevention efforts have been focused on families who are facing a formal eviction. The Office of Emergency Shelter and Support Services (OESSS) currently monitors the eviction list daily. Staff are also located at Landlord and Tenant Court and the Department of Housing and Community Development to negotiate agreements to prevent evictions and to process applications for Emergency Assistance (EAS).

However, a great majority of the families currently requesting emergency housing are young (18-24 years old) single mothers who cite overcrowding or family dispute as the reason for homelessness. Overcrowding is a national problem which seems to be occurring because of the substantial increase in the cost of housing. Moreover, a number of property owners refuse to rent to poor tenants because of poor rental histories and because they believe that poor persons lack the ability or desire to care for their homes.

To address these issues, a number of prevention and outreach efforts are needed. These include:

- 1) Outreach programs in targeted communities which can identify or provide services before the onset of crisis to families who may be at-risk of becoming homeless.
- 2) Community education on the options and services that are available as an alternative to shelter (i.e. EAS, counseling, private self-help, Traveler's Aid, etc.).
- 3) Discussions with the attorneys in Landlord and Tenant Court to ensure that the agreements reached through this mechanism are realistic for families.
- 4) Increased knowledge and use of the Rental Vendor Payment program for AFDC families before they become homeless.

Intake and Assessment

Based on available evidence, families who find themselves in need of emergency shelter are often in a severe crisis situation. They usually have very few, if any, financial resources; they have often been traumatically separated from their support networks including relatives, friends, neighborhood and schools; and they often show signs of depression or anxiety.

Currently, the initial (and often ongoing) response to this crisis is to provide emergency shelter and food to all those families who are homeless. Since the number of families in need of emergency shelter has increased so dramatically, few resources have been available to assist them in resolving the crises that precipitated their homelessness or to eliminate the factors which predisposed them to homelessness. The end result is that families stay in "crisis" and remain homeless for extended periods. In many instances, this seems to increase the level of family dysfunction which leads to further dependency.

Ideally, an intake process for homeless families should be a two-stage process. The first stage of that process (Intake) would include a brief initial intake assessment to determine the need for and to authorize the provision of emergency food and shelter. Emergency services should then be provided immediately in a facility which offers room and board.

The second stage of that process (Assessment and Long-term Planning) would be completed within a two to four week period. During this time a comprehensive family needs assessment would be completed. This assessment would consist

of two components: a comprehensive psychosocial assessment and a comprehensive medical assessment. This comprehensive assessment would be completed to gather extensive information on each family's level of functioning and the need for services in the areas of health, mental health, housing, employment, education, child care, parenting, and home and financial management. This assessment would be used to facilitate the transition of families into appropriate transitional or permanent housing.

The ultimate goals of this type of process would be: 1) To reduce the time families stay in emergency shelter facilities, thereby reducing the time they spend in an unstructured, temporary, crisis-oriented situation; 2) To develop a comprehensive plan for families to achieve self-sufficiency; 3) To reduce the rate of recidivism in emergency shelter facilities; and 4) To eliminate the factors contributing to family dysfunction.

Transitional Housing

The development of additional transitional housing programs (apartment units in scattered sites) for homeless families would reduce the cost of providing shelter to homeless families, create an ongoing mechanism for the provision of support services, and encourage families to assume increasing responsibility for managing and using their own personal and financial resources. The supportive services to be provided would depend on the needs of each individual family but could include: case management, day care, housing counseling, mental health services, drug and alcohol counseling and employment and training services.

Since no one shelter program or transitional housing program will meet the needs of all homeless families, several different program models will need to be established to ensure that the needs of all homeless families are met. Most homeless families will fall into one of three broad categories: 1) Chronically dependent (20%); 2) Potentially Independent (75%) and 3) Independent (5%).

Families who are chronically dependent have repeatedly demonstrated an inability to maintain independent permanent housing. While they are generally without adequate income, they have other internal problems which contribute to their chronic housing problems. Without some major change, many of these families will need continued assistance and will not respond to efforts to sustain themselves in permanent housing. Therefore, these families will need to be housed in transitional programs with supportive services for extended periods of time. They will also need to be monitored closely for possible child abuse and neglect. These families would be expected to contribute to rental costs through programs such as the rental vendor payment program.

Families who are potentially independent appear to have the potential to find and maintain permanent housing. Further, they have the desire and potential to find jobs and remove themselves from public assistance. Most of these families will be able to move from dependence to self-reliance with enough time and appropriate support services. The length of stay in transitional housing and the level of support needed by these families will vary, however, it is expected that most families will need to live in a supported environment for 90 to 120 days. These families would be required to contribute a monthly amount (rent service fee) which would be held and returned in the form of a grant for permanent housing expenses.

Families who are independent need only temporary emergency assistance because of a major catastrophe or unavoidable transition such as a fire, condo conversion, illness, bankruptcy, etc. They generally have no social service history and need very little assistance to help them become stable again. These families need to be provided with a stable transitional housing arrangement for about 90 days while they locate permanent housing. However, they need very little supervision and very few supportive services. These families would be expected to contribute a monthly rental fee which would be returned in the form of a grant for permanent housing expense.

Permanent Housing

Securing permanent housing should be the ultimate goal for all homeless families. There are two approaches to permanent housing -home ownership and rental. Criteria should be established; assessments made and counseling made available to help families determine which track to permanent housing is feasible, given their needs and resources.

To make permanent housing a realistic goal for all homeless families, programs for home ownership need to be expanded and the availability of affordable rental units must be increased. Specific options for home ownership that need to be expanded and used more extensively include: (For a more detailed description of these programs, see Attachment on permanent housing.)

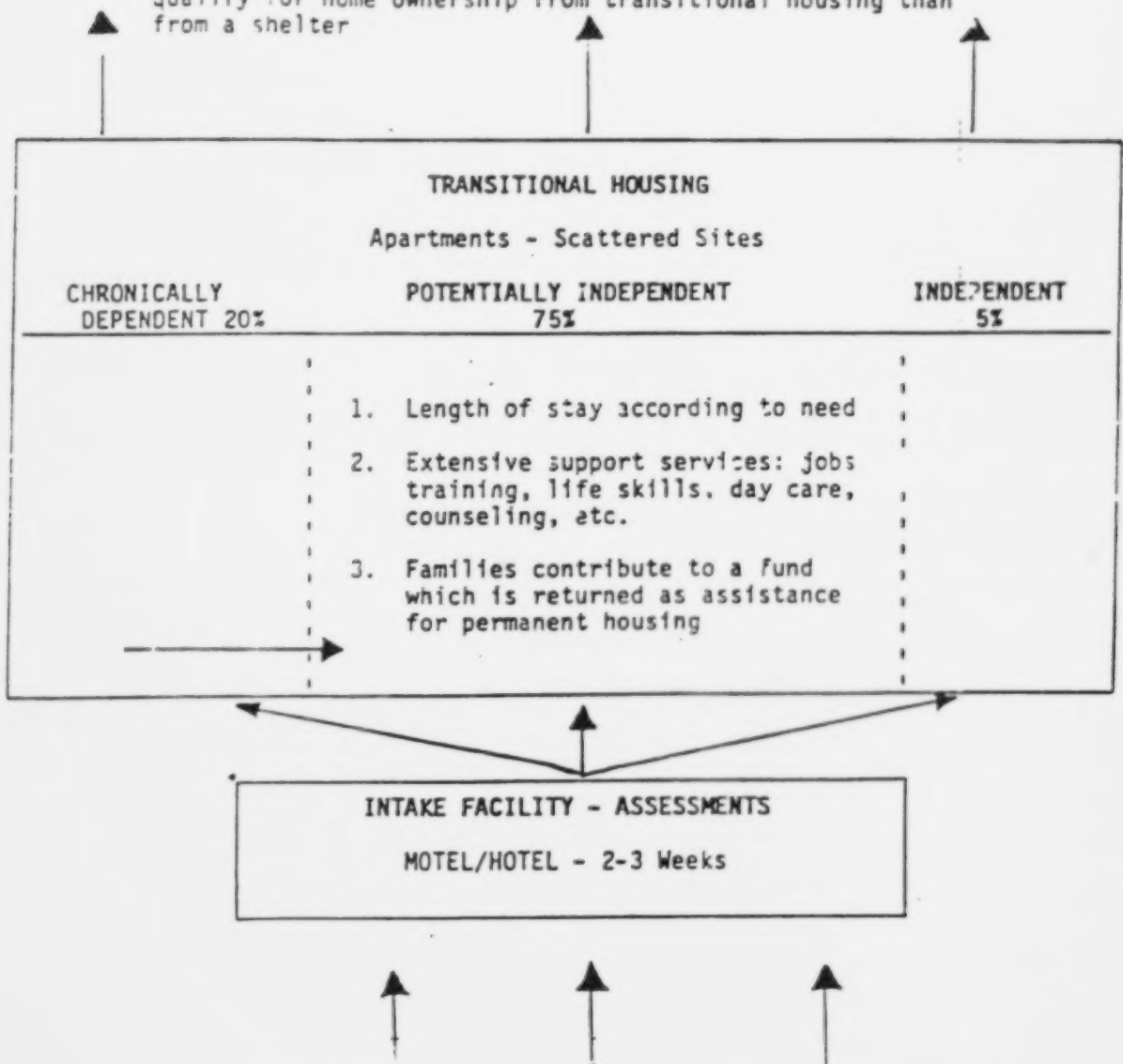
- 1) Co-op Programs (Low yield and market rate);
- 2) Shared Equity Partner Programs (Private);
- 3) H-PAP and V-PAP (Home Purchase Assistance Programs administered by DHCD);
- 4) Congregate Living Program (Public - DHCD); and
- 5) Limited Equity Housing Cooperatives.

To increase the availability of affordable rental units, there is a need to maintain a steady supply of low to

PERMANENT HOUSING

1. Families are more likely to stabilize in transitional housing.

2. It is easier for families to locate permanent housing or to qualify for home ownership from transitional housing than from a shelter



Excerpt from CONSERVE, "Comprehensive Service System for Homeless Families," 1986.